UNFPA
INDONESIA

What we have learned

Good Practices Documentation of the
UNFPA Humanitarian Programme in Indonesia
from 2005 – 2012

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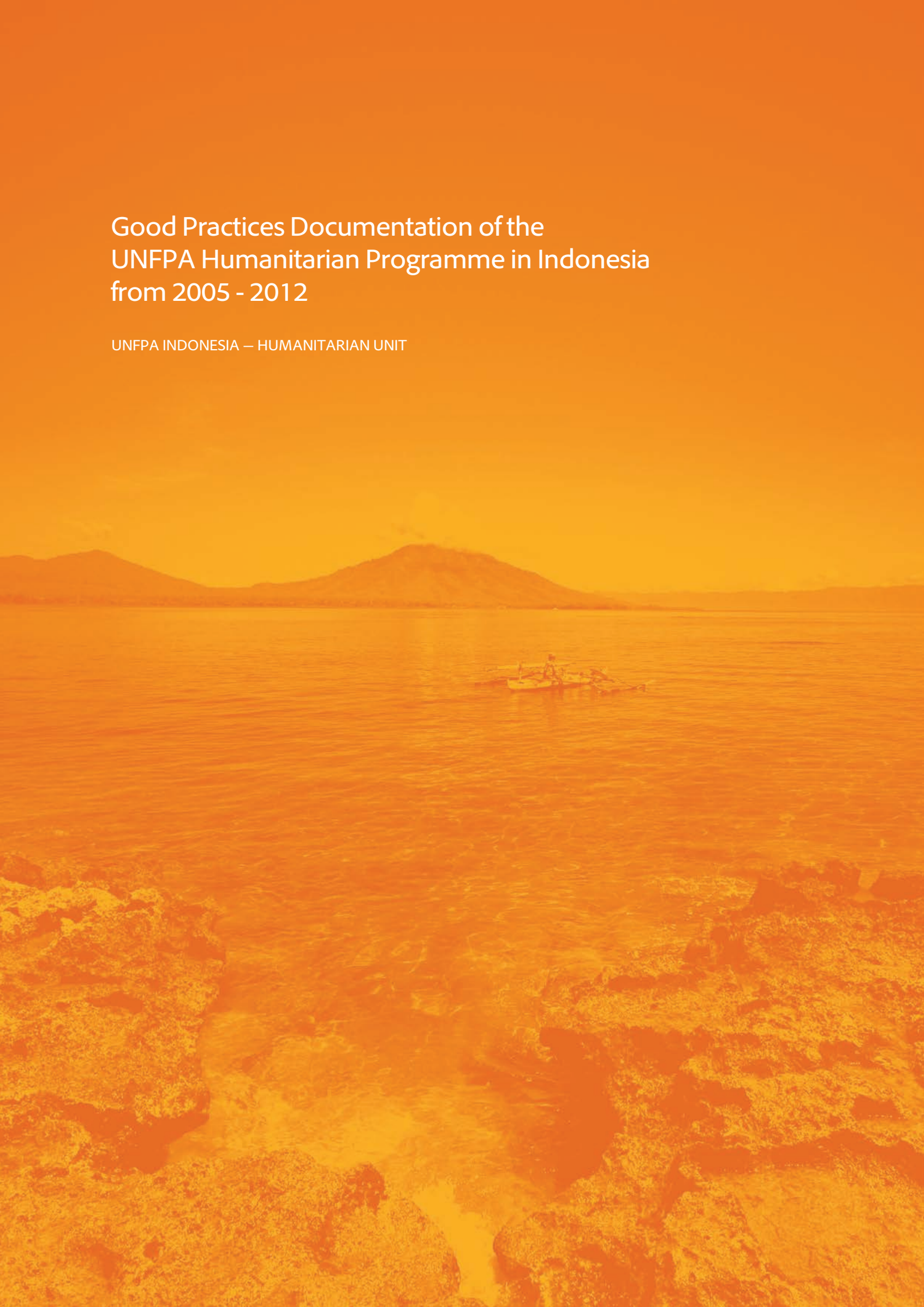
UNFPA INDONESIA – HUMANITARIAN UNIT



Preface

The Indonesian archipelago is geographically susceptible to natural disasters because of the country's location at the juncture of three active tectonic plates: the Pacific plate, the Indo-Australia plate and the Eurasia plate. There are several active volcanoes scattered throughout the islands and the surrounding sea. Major disasters strike periodically, taking lives and devastating infrastructure. Man-made environmental and complex emergencies also trigger humanitarian events in Indonesia, ranging from small-scale to national-level emergencies.

Given Indonesia's vulnerability to frequent emergency events, in 2007 the UNFPA country programme established a full-time humanitarian unit upon completion of its tsunami emergency programme in Aceh, as a way to consolidate and leverage its recent experience responding to disasters. The humanitarian unit functions as a standby unit 24 hours a day and 7 days a week, ready to deploy if any major disaster strikes in Indonesia. Since 2007, the humanitarian unit has implemented an emergency preparedness programme and has responded to several emergency situations in Indonesia such as the West Sumatra earthquake in 2009, the flash floods in Wasior, West Papua in 2010, the Mount Merapi volcano eruption in 2010, and other disasters.

Based on the humanitarian unit's experience responding to disaster events, UNFPA Indonesia has prepared this documentation of good practices and success stories from 2005 through 2012. This document records all components within UNFPA's humanitarian mandate, including reproductive health, gender, and population data. The results of this review are designed to support UNFPA Indonesia internally to improve the quality of emergency preparedness and response activities in the future, as well as externally to raise the country programme's profile as a technical resource in the area of emergency preparedness and response for other UNFPA country offices in the Asia and the Pacific region, in coordination with UNFPA's Asia and the Pacific Regional Office (APRO) and the Humanitarian Response Branch at Headquarters.

UNFPA Indonesia will use this good practices document to mobilize support for a comprehensive approach to reproductive health, gender and population data in humanitarian settings. This document may also serve as a general advocacy tool for raising awareness about the importance of meeting the unique needs of women and young people that are often overlooked in emergency settings.

Jose Ferraris
Representative, UNFPA Indonesia

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LIST OF ABBREVIATIONS/ACRONYMS

BEONC	Basic Emergency Obstetric & Neonatal Care
BKKBN	*Badan Koordinasi Keluarga Berencana Nasional* - National Family Planning Coordination Board
BNPB	*Badan Nasional Penanggulangan Bencana* - National Disaster Management Agency
BPS	*Badan Pusat Statistik* - Statistics Indonesia
CEONC	Comprehensive Emergency Obstetric & Neonatal Care
EmONC	Emergency Obstetric & Neonatal Care
FGD	Focus Group Discussion
GBV	Gender Based Violence
GENCAP	Gender Capacity
GoI	Government of Indonesia
HAI	Help Age International
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IAWG	Inter-Agency Working Group
IBI	*Ikatan Bidan Indonesia* - Indonesian Midwives Association
ICPD	International Conference on Population and Development (Cairo, 1994)
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IEC	Information, Education & Communication
IFRC	International Federation of Red Cross & Red Crescent Societies
IOM	International Organization for Migration
IPPA	Indonesian Planned Parenthood Association
LTA	Long Term Agreements
McRAM	Multi-cluster Rapid Assessment Mechanism
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MOWE-CP	Ministry of Women's Empowerment and Child Protection
NGO	Non-Governmental Organization
NPO	National Programme Officer
PKK	*Pemberdayaan dan Kesejahteraan Keluarga* - The Family Empowerment and Welfare Movement
puskesmas	*Pusat Kesehatan Masyarakat* - Community Health Centers; sub-district level public clinics
RH	Reproductive Health
SGBV	Sexual and Gender Based Violence
SPAN	*Sensus Penduduk Aceh Nias*- The Aceh Nias Population Census
STI	Sexually Transmitted Infections
UN	United Nations
UN-OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UN-SCR 1325	United Nations Security Council Resolution 1325 on Women, Peace, and Security
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children Fund
WHO	World Health Organization

Executive Summary

I. INTRODUCTION

Indonesia is a nation vulnerable to a variety of natural disasters, such as earthquakes, tsunamis, and volcano eruptions, as well as environmental and other man-made disasters, such as flash floods, landslides, forest fires, hot mud flows, and disease epidemics. Indonesia's history has also been marked by several acute and chronic complex emergencies that result from a variety of crises such as separatist movements, sectarian conflict, and political violence.

The United Nations Population Fund, UNFPA, is the international agency with a specific mandate to address reproductive health (RH) and gender in emergency contexts, and and is committed to provide support during all phases of a humanitarian situation. During the past decade, UNFPA's involvement in humanitarian action has increased since agency joining the Inter-Agency Standing Committee (IASC), which has introduced a "cluster approach" to improve the accountability of UN agencies and non-government organizations (NGOs) in crisis situations. Within this system, UNFPA has been designated as the lead agency for the RH sub-cluster within the health cluster, and the sexual and gender based violence sub-cluster within the protection cluster. Although the IASC considers data as a cross-cutting issue across clusters, it has not yet named a specific sub-cluster for data collection and analysis in emergency settings. It is worth noting that UNFPA has recently issued a set of guidelines for addressing data issues in humanitarian settings, and advocates for the establishment of a specific data section within the cluster approach. Under the new 8th Country Programme, in 2012 UNFPA has started to implement a data component of its humanitarian programme in collaboration with National Disaster Management Agency (BNPB) and BPS Statistics Indonesia.

II. UNFPA INDONESIA'S HUMANITARIAN UNIT AND HUMANITARIAN CONTINGENCY PLAN

Following UNFPA's ad-hoc responses to both the earthquake and tsunami in Aceh (2005-2006), as well as the earthquake in Yogyakarta and Central Java (2006), the Indonesia country mission formally established a full-time humanitarian unit in order to improve its emergency preparedness and response strategy. The humanitarian unit's first task was the development of a contingency plan that systematically outlined the components of a "ready to deploy" programme, covering human resources, guidelines for mobilizing a response, and programme priorities. The contingency plan standardizes the humanitarian unit's activities while still allowing for flexibility in the development of a response that is based on prevailing conditions on the ground. Having established the humanitarian unit and developed a contingency plan, UNFPA's ability to respond to unexpected emergencies has increased manifold, both in terms of speed, comprehensiveness and relevance to the victims of disaster.

This best practices document outlines the core programme components of the contingency plan and describes the humanitarian unit's signature successes and future needs to develop the programme.

III. CORE COMPONENTS OF THE HUMANITARIAN CONTINGENCY PLAN

In responding to an emergency, the humanitarian unit in Indonesia plans ahead for response and support in three programming areas within UNFPA's core mandate: reproductive health (RH), gender, and population and development (PD). Each programming area has its own set of key activities and partners with which to assist in the preparation, response, and recovery from emergency events. Chapters 3, 4, and 5 of this document describe each of these programme areas in more detail, accompanied by specific examples of programme innovation from the field since 2005. The three core components may be summarized briefly as follows:

1. Reproductive Health

When a disaster strikes, RH issues often receive less priority than other aspects of an integrated humanitarian health response that typically prioritizes the management of dead bodies, injuries and communicable diseases. However, women face a number of unique RH risks during an emergency that tend to be overlooked, such as delivering babies without trained birth attendants or comprehensive emergency obstetric care, an increased risk of sexual violence, unwanted pregnancies and unsafe abortions following the disruption of family planning services, and increased pregnancy complications due to malnutrition and epidemics that tend to accompany emergency events. The UNFPA Indonesia humanitarian programme ensures that these and other RH issues are addressed in the early phase of a disaster response.

2. Gender

During a crisis the institutions and systems that protect the community's physical and social well-being are weakened. Gender Based Violence (GBV) is a common feature of many complex emergencies and even many natural disasters. UNFPA prioritizes increasing awareness, strengthening services, and ensuring protection for women and girls who are more vulnerable

to GBV and whose unique needs are often overlooked during a crisis. As the designated lead agency in the Protection sub-cluster for GBV, UNFPA has a responsibility to ensure that GBV prevention and response will be mainstreamed into the planning and coordination of all relief efforts throughout a humanitarian crisis.

3. Population and development

With its history of expertise in population data collection and demographic analysis, UNFPA has a key role to play in improving population data collection, analysis and utilization before, during and after a crisis. All activities in all phases of a humanitarian crisis rely upon population data for efficient resource mobilization, informed decision-making, and accurate impact evaluation, but there is no specific cluster or sub-cluster mechanism for data collection, sometimes resulting in confusion over how to evaluate and choose among competing sources of information in the middle of an emergency.

IV. GOOD PRACTICES

Since 2005, and in particular since the implementation of the humanitarian unit's contingency plan in 2007, UNFPA Indonesia's humanitarian programmes have featured innovative programme developments adapted to the local context. In the second halves of Chapters 3, 4, and 5, specific examples of programme innovations are described in some detail. Taken as a whole, a number of good practices can be listed that have made Indonesia's humanitarian unit a center of excellence for UNFPA's Asia Pacific Region:

UNFPA Country Office Commitment

Commitment from the UNFPA country office is the most important factor that determines the success of contingency planning development and its implementation.

Contingency Plan

The first task of a newly established humanitarian unit in any UNFPA country programme is to develop a contingency plan. The contingency plan provides a roadmap that covers all phases of a humanitarian response, outlining international standards of practice and tailoring them to local risk scenarios and needs.

Emergency Preparedness Activities

In disaster-prone countries such as Indonesia, emergency preparedness and response require full-time commitment with a dedicated staff to manage preparedness activities so that when a crisis situation occurs, UNFPA will be ready to deploy immediately.

Advocacy

Advocacy for policy change with any government is a challenge that requires a long term approach; this is one of the primary motivations for establishing a humanitarian unit that works full-time. In Indonesia, the integration of various aspects of MISP into MoH's emergency preparedness and response guidelines has been slow and piecemeal. But with UNFPA's persistent advocacy, Indonesia is the first country as of mid-2011 to complete accreditation of the MISP training and integrate MISP into the national emergency and response system.

Internal Collaboration

UNFPA's Indonesia country programme has enjoyed excellent internal support and collaboration when an emergency response needs to be implemented on short notice. Since the humanitarian unit currently has only three full-time staff, when an unexpected disaster strikes, other technical units will assist with the emergency response.

Reliable Partnerships

One of the most crucial keys to the humanitarian unit's success has been the cultivation of reliable local partnerships. There are two common characteristics of UNFPA's reliable partners in Indonesia: They are national in scope, and they have networks that extend down to the village level throughout the country. However, UNFPA also has found reliable partners at the sub-national level, and these groups are typically either local NGOs or research organizations. The identification and cultivation of these localized partnerships depends largely upon the personal and pragmatic approaches that the humanitarian unit must assume when implementing an emergency response.

Personal Approach

The initial work of conducting rapid assessments when UNFPA's humanitarian unit arrives in a disaster setting includes identifying individuals and organizations with the skills and interest to assist with UNFPA's mandate in a humanitarian crisis. This requires a personal approach, planning and delivering humanitarian relief services together, and learning from each other. The goal is to find the local "champions" who will continue the programmes that UNFPA supports after the humanitarian unit returns to Jakarta, and find ways to sustain them after UNFPA support ends altogether. Successful relationships can then be mobilized again when new disasters strikes in the same region.

Pragmatic Approach

Disaster settings, with their inherent instability and insecurity, require a pragmatic and flexible approach to delivering humanitarian assistance and implementing programmes. The contingency plan accommodates a pragmatic approach, primarily through conducting an emergency rapid assessment immediately after a disaster strikes, and then tailoring a response to prevailing conditions on the ground.

Thematic Working Groups or Clusters

Following the IASC's implementation of the cluster approach, UNFPA has become involved in helping coordinate RH services, gender sensitive disaster responses, and collecting reliable sources of population data. UNFPA's humanitarian unit in Indonesia has found that with or without the formal implementation of the cluster approach, the establishment of these thematic working groups has been a useful mechanism for coordinating the humanitarian response among various international, government, and local agencies.

Leverage Government Partner Capacities

UNFPA recognizes Indonesia as a middle-income country, and many of its sectoral partners in the government already have significant technical capacity and budget to develop and implement their own programmes. One of the humanitarian unit's good practices is to complement their government partners' own demonstrable technical and budget capacities.

Effective Stockpiling System

Lengthy procurement procedures should not get in the way of UNFPA's ability to deliver immediate assistance during an emergency. Since the implementation of the humanitarian unit's contingency plan, UNFPA has been stockpiling RH supplies in a warehouse in Jakarta that can be mobilized on a moment's notice.

Targeted Hygiene Kits

The provision of targeted hygiene kits for women with various needs immediately after an emergency has been one of the humanitarian unit's successes. UNFPA stockpiles four types of hygiene kits for women and newborn and depending on the location of the disaster. These kits can be further tailored to local needs, such as providing head covers and long-sleeve shirts for women in areas where Islamic law applies to Muslims.

V. LESSONS LEARNED

The following list of lessons learned since UNFPA Indonesia started conducting humanitarian activities on a full-time basis in 2005 and the establishment of the humanitarian unit in 2007 features lessons that have either resulted in improvements to the programme over time or recommendations for programme development in the near term future:

Establishment of a Full-Time Humanitarian Unit

The biggest lesson from UNFPA's experience responding to the disasters in Aceh and Yogyakarta throughout 2005 and 2006 was the need for a full-time humanitarian preparedness and response unit. UNFPA missions in disaster-prone countries should consider establishing a humanitarian unit that can focus on emergency preparedness and response activities before a disaster strikes. With a country-specific contingency plan in place, the humanitarian unit is able to assess risk scenarios and humanitarian needs in a crisis situation, and be prepared for a rapid response.

More Timely Procurement

The major challenge in responding to disasters is to ensure that UNFPA's response is timely and meets the needs of the most affected populations. Since the Aceh tsunami, UNFPA has had difficulty ensuring a timely response to disaster due to procurement and other administrative procedures. Solutions to this problem include advance stockpiling of supplies, implementation of emergency procurement procedures, and the establishment of Long Term Agreements (LTAs) with particular vendors.

"Mission Creep"

Enormous humanitarian response programmes with a wealth of donor support, such as in Aceh, may encourage some NGOs and international agencies to develop proposals for programmes that overstep the boundaries of their organization's expertise. An example from UNFPA's response in Aceh was the difficult implementation of a livelihood programme, which typically does not fall within UNFPA's programmatic mandate. Having a contingency plan helps UNFPA's humanitarian unit focus on its own niche portfolio of services.

Documentation and Publication of Programme Achievements

Despite UNFPA Indonesia's pioneering and successful efforts to establish a full-time humanitarian unit with an emergency preparedness and response contingency plan, few other UNFPA country offices or UN sister agencies are aware of it. In a recent evaluation of the humanitarian unit's hygiene kit programme, beneficiaries reported familiarity with the UNFPA logo on their kits but knew nothing about UNFPA's core mission. In a rush to prepare and implement humanitarian programmes, the information and publicity components of UNFPA's efforts were never developed. The publication of this Good Practices document is part of the humanitarian unit's effort to correct this shortcoming.

VI. RECOMMENDATIONS

Based on the review of UNFPA Indonesia's humanitarian contingency plan, its programme components and implementation, along with the good practices and lessons learned, the humanitarian unit may consider the following recommendations for the continued development of its programme:

Continue Emergency Preparedness Advocacy

The humanitarian unit successfully lobbied for the integration of MISP into the MoH's emergency preparedness guidelines. The gender programme has also worked productively with MOWE-CP and local gender working groups to increase awareness about and address gender issues during an emergency. These advocacy activities need to continue and expand to other Indonesian government agencies and NGOs, in particular for population data issues.

Improve Fundraising for Humanitarian Activities beyond Emergency Options

While it is easy for UNFPA to raise funds for an emergency situation, the humanitarian unit should develop a resource mobilization strategy for its emergency preparedness programme beyond its traditional sources of support.

Increase UNFPA Visibility in Humanitarian Situations

UNFPA's humanitarian assistance has the potential to serve as a vector of information, introducing new partners and beneficiaries to UNFPA's mission for the first time. Among beneficiaries of humanitarian assistance, IEC materials such as fact sheets and posters that explain UNFPA's core mission can be included with hygiene kits and placed on the walls of emergency clinics and temporary living centers for IDP populations.

Include the Elderly in UNFPA's Humanitarian Response

Indonesia's population is both getting older and living longer. Older persons tend to be overlooked in emergencies and are often rendered virtually invisible during both the response and rehabilitation phases. There are few international or national organizations with expertise to work on protection issues concerning the elderly. As an organization that focuses on the needs of vulnerable groups, UNFPA may consider including the elderly, particularly women, in its humanitarian contingency plan. The elderly often continue to perform productive roles in their communities—raising grandchildren, earning income—and must be consulted in advance of any humanitarian service delivery. This orientation emphasizes protection and

empowerment for the elderly, and avoids treating the elderly as merely a burden, a vulnerable group subject to exploitation and neglect.

Implement Systematic Archival of Programme Documents and Deliverables

In an emergency setting, it can be difficult to document the genesis and implementation of a rapid humanitarian response. Funding proposals, project documents, IEC materials, programme evaluations, and publicity reports may not be saved systematically. For the purpose of programme review, evaluation, and improvements, it is imperative that the humanitarian unit take extra steps to ensure that documentation of internal project documents and public deliverables are systematically archived in both soft and hard copies, and backed up in duplicate, for posterity.

Include Men as Partners in Advocacy for GBV Prevention and Gender Mainstreaming in Humanitarian Settings

UNFPA recognizes that gender does not simply refer to women's issues, and that men are not only seen as perpetrators of GBV. The gender component of the humanitarian unit's contingency plan should explicitly recognize the roles that men can play as partners in advocacy for GBV prevention and gender mainstreaming in humanitarian settings.

Data Warehousing

Indonesia conducts regular censuses every 10 years and the BPS has a regular program of sample surveys to obtain important socioeconomic and demographic data during intercensal period. The UNFPA Humanitarian Programme, as well as the entire UNFPA country programme and the UN agencies in Indonesia, would benefit greatly by technology it becomes feasible to maintain a GIS-based database linking the attribute socioeconomic, demographic, health, and infrastructure information to spatial information. If a disaster strikes, UNFPA would be in a position to quickly obtain data from its own database for immediate evidence-based decision making.

Chapter 1:

INTRODUCTION AND BACKGROUND FOR UNFPA INDONESIA'S HUMANITARIAN UNIT (2005 – 2010)

I. **INDONESIA:** A NATION VULNERABLE TO DISASTER EVENTS

Indonesia, an archipelago nation of more than 17,000 islands straddling the equator and the Indian and Pacific Oceans, is a country vulnerable to natural and man-made disasters. Disasters occur frequently, taking lives and devastating infrastructure. Scenario and risk assumptions identify four common types of potential hazards in Indonesia:

- Natural Disasters: The Indonesian archipelago is situated geographically upon the junctions of three active tectonic plates: the Pacific, Indo-Australian, and Eurasian plates. Earthquakes occur frequently, occasionally accompanied by tsunamis. There are at least 150 active volcanoes throughout Indonesia, with eruption events frequently threatening settled communities that cultivate the fertile land surrounding them.
- Environmental Disasters: The past few decades in Indonesia have seen an increase in man-made environmental disasters, such as flash floods, landslides and forest fires due to deforestation, and hot mud eruptions due to risky resource exploration and extraction methods.
- Complex Emergencies: Indonesia's history has been marked by several acute and chronic man-made conflict situations that result from a variety of crises such as separatist movements, sectarian conflict, and political violence.

- Disease Epidemics: Across thousands of islands, including Java and Bali which are among the most densely populated land areas in the world, disease surveillance is a challenge. Public health authorities must watch out for common outbreaks such as avian influenza and dengue fever.

The Government of Indonesia (GoI) took a major step toward improving its emergency preparedness by passing a national Disaster Management Law in 2007.[1] This law established the National Disaster Management Agency (known by its Indonesian acronym BNPB[2]), which has ministerial-level authority within the executive branch to implement an emergency preparedness and response programme throughout the country.

II. UNFPA MANDATE AND THE CLUSTER APPROACH IN HUMANITARIAN SITUATIONS

UNFPA is the international agency with a specific mandate to address reproductive health (RH) and gender concerns in an emergency contexts. UNFPA stands committed to provide support during all phases of an emergency situation, which includes preparedness, acute crisis, chronic situations, and recovery. All UNFPA humanitarian assistance must be provided in line with the principles laid down in the International Conference on Population and Development (ICPD) Programme of Action.

> UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA's goal is delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.
>
> – UNFPA mission statement

Since 2005, as part of UN humanitarian reform, the Inter-Agency Standing Committee (IASC) introduced a "cluster approach" to improve the accountability of UN agencies and non-government organizations (NGO) in crisis situations.[3] The cluster approach defines standards of predictability and accountability within all main sectors of a humanitarian response in order to identify gaps and improve quality of humanitarian services. As a member of the IASC, UNFPA has been designated as the lead agency for the RH sub-cluster within the health cluster and the SGBV sub-cluster within the protection cluster. UNFPA also plays an important role as a focal point for mainstreaming gender as a cross-cutting issue in all sectors of a humanitarian response. For population data issues, on which UNFPA has a history of expertise, it is worth noting that the IASC has not yet named a specific cluster for data collection and analysis in emergency settings, but UNFPA has recently issued a set of guidelines for addressing data issues in humanitarian settings and advocates for the establishment of a specific data section with the cluster approach.[4]

1 Undang-Undang Republik Indonesia Nomor 24 Tahun 2007 Tentang Penanggulangan Bencana.
2 Badan Nasional Penanggulangan Bencana.
3 The Inter-Agency Standing Committee (IASC) is a unique inter-agency forum for coordination, policy development and decision-making involving key UN and non-UN humanitarian partners. (http://www.humanitarianinfo.org/iasc/)
4 The roles of the RH and gender sub-clusters are described in more detail in Chapters 3 & 4 of this document, respectively. Gender mainstreaming activities are described in Chapter 4. Population data issues are described in Chapter 5.

III. GENESIS OF UNFPA INDONESIA'S HUMANITARIAN UNIT

Ad-Hoc Humanitarian Response: 2000-2005

The UNFPA Indonesia country programme formally established the humanitarian unit in 2007, but even before the establishment of the IASC cluster approach, the country programme had a history of providing reproductive health services for women in crisis situations since roughly the year 2000. During Indonesia's difficult transition to democracy following the end of President Suharto's authoritarian New Order regime in 1998, a number of complex emergencies erupted throughout the archipelago, including ethnic, religious, and separatist conflicts. Thousands of people from different crisis areas across the country were displaced. UNFPA supported the provision of RH services in IDP camps on a case by case basis. Prior to 2007, UNFPA Indonesia's responses to disasters were on at ad-hoc basis: there was no proper planning, no emergency procurement system, and no full-time and dedicated human resources in place to respond.

"Learning by Doing" in Aceh and Yogyakarta: 2005-2006

The earthquake off the coast of Aceh province at the northwestern tip of Sumatra on 26 December 2004 triggered a massive tsunami across the Indian Ocean, resulting in the largest and most widespread humanitarian disaster ever recorded in modern history, with roughly 200,000 people missing or dead and over 500,000 people displaced from their homes in Aceh alone. This was a watershed moment for UNFPA's Indonesia country programme, which launched a UN Flash funding appeal together with UNFPA's sister UN agencies.

Originally funded for six months, then extended up to twelve months, then 18 months, then two years, UNFPA Indonesia implemented a comprehensive disaster response in Aceh that covered a wide range of RH, gender, and population data services. But like so many other organizations, UNFPA was caught off guard and unprepared to respond quickly to this unexpected event. An external evaluation of UNFPA's tsunami project in 2005 identified several weaknesses of the programme.

Perhaps the biggest concern was the delay in providing essential RH supplies during the critical phase immediately after the disaster. Indeed, RH kits first arrived in Lamno, Aceh Jaya District, at the end of March 2006, approximately 3 months after the disaster. These kits, although useful, did not respond to an emergency need. From this experience, the UNFPA country programme in Indonesia learned that it should ensure the provision of essential supplies including RH kits, midwifery kits, and hygiene kits at a very early stage, which requires advance procurement and stockpiling.

UNFPA also responded to the earthquake in Yogyakarta[5] and Central Java in late May 2006. UNFPA provided initial supplies, consisting of RH kits, midwifery kits, and individual hygiene kits in the beginning of the emergency period. According to the evaluation reports, RH kits were received 2 weeks after the disaster—a significant improvement compared to the Aceh programme—but was still considered late by recipients, since needs were high during the early emergency period. UNFPA's ability to respond within two weeks was actually due to the large supplies for the ongoing Aceh programme that were available. But for this, the process of procurement and delivery would have taken far longer. This again underscores the need to keep an emergency supply ready and available in storage.

5 Note that Yogyakarta is spelled in two ways: Yogyakarta and Jogjakarta. Both spellings refer to the same location—a small province and its capital city in Central Java—however only the official spelling will be use in this report.

Establishment of UNFPA Indonesia's Humanitarian Unit: 2007

Upon the final closure of UNFPA's humanitarian mission in Aceh, the country representative decided to maintain a humanitarian unit for the Indonesia country programme. A humanitarian programme with trained staff should be on standby 24 hours per day, seven days per week. Taking into consideration the lessons from Aceh and Yogyakarta during the previous two years, the country office proposed that a full-time humanitarian unit, in addition to preparing high quality and timely responses to RH and gender issues in advance of disasters, would conduct routine emergency preparedness advocacy and training activities with UNFPA's local partners.

The humanitarian unit's first task was the development of a contingency plan. The plan would systematically document the past several years of UNFPA's institutional experience and lessons learned from responding to emergencies in Indonesia since 2005. The contingency plan, which is the subject of Chapter 2, outlines the components of a "ready to deploy" programme, covering human resources, guidelines for mobilizing a response, and programme priorities. The contingency plan standardizes the humanitarian unit's activities while still allowing for flexibility in the development of a response based on the findings of an initial rapid needs assessment in each emergency situation. Having established the humanitarian unit and developed a contingency plan, UNFPA's ability to respond to unexpected emergencies has increased manifold, both in terms of speed, comprehensiveness and relevance to the victims of disaster.

IV. GOALS AND OUTLINE OF THE GOOD PRACTICES DOCUMENT

Following UNFPA's formal inclusion in the IASC cluster approach for the management of humanitarian disasters, the organization has increased its involvement in crisis and emergency situations throughout the world as part of its "normal" programming. In light of Indonesia's vulnerability to disaster events, it is incumbent upon the UNFPA Indonesia country programme to share with its partner country missions the good practices of the humanitarian unit in light of the past six years of practical experience in providing aid to women and other vulnerable groups during emergency events.

Chapter 2 defines and outlines the contours of the humanitarian unit's contingency plan. Chapters 3, 4, and 5 then go on to describe the core components of the contingency plan—RH, gender, and population data—with several illustrative examples from the field that demonstrate innovation and flexibility in the humanitarian unit's approaches to emergency response in Indonesia. Chapter 6 broadly summarizes the UNFPA Indonesia humanitarian unit's good practices and lessons learned, based upon the detailed programme components of prior chapters. In order to build upon the good practices and successes of UNFPA Indonesia's humanitarian unit, Chapters 2 and 6 also make a case for expanding the programme in such a way as allows the programme to better address each component of the contingency plan and to serve as a resource for other UNFPA country offices in the Asia Pacific Region.

Chapter 2

UNFPA INDONESIA'S HUMANITARIAN UNIT CONTINGENCY PLAN

UNFPA Indonesia's humanitarian unit was born out of the country programme's experience delivering humanitarian assistance following the 2004 tsunami in Aceh and the 2006 earthquake in Yogyakarta and Central Java. The most important lesson from these two experiences was the recognition that rapid response in a disaster-prone country such as Indonesia requires full-time preparation. The unit's first objective was to design a ready-to-deploy mechanism for delivering rapid assistance when disasters strike.

This chapter describes the broad outlines of the humanitarian unit's contingency plan, a living document that serves as a standard but flexible roadmap for initiating a rapid response to disasters in Indonesia. Since the first draft of the contingency plan was written in 2007, it has been reviewed yearly, incorporating revisions based on new developments within the unit (such as new working relationships with local partners) and new capacities gained through training or experience in the field. The contingency plan is based upon global standards for humanitarian response, limiting its scope to UNFPA programme priorities addressing reproductive health, gender, and population data issues while also tailoring these standards and priorities to the unique conditions and institutional relationships that UNFPA has developed in Indonesia. The contingency plan also defines the structure and responsibilities of the humanitarian unit itself.

I. DEFINITION OF THE CONTINGENCY PLAN

A contingency plan may be defined as "a management tool used to analyze the impact of potential crises and ensure that adequate and appropriate arrangements are made in advance to respond in a timely, effective and appropriate way to the needs of the affected population(s)."[6] UNFPA Indonesia's humanitarian contingency plan outlines a flexible plan of action, including assessment tools and references that can be adapted to the local conditions of each emergency.

UNFPA periodically reviews and updates the contingency plan to reflect changes in programme development, best practices, evolving relationships with local partners, technological innovations, and lessons learned from the frequent emergency events in which UNFPA delivers its assistance.

6 Inter Agency Standing Committee/IASC 2007, p.7

II. COMPONENT PARTS OF THE CONTINGENCY PLAN

UNFPA's humanitarian unit in Indonesia plans ahead for emergency response and support in three programming areas within UNFPA's core mandate: reproductive health (RH), gender, and population data (PD). Each programming area has its own set of key activities and partners with which to assist the preparation, response and recovery from emergency event. Chapter 3, 4, and 5 describe in turn each of these three components in more detail, accompanied by specific examples of programme innovations from the field since 2005.

III. HUMAN RESOURCE CAPACITY REQUIREMENTS FOR THE HUMANITARIAN UNIT

Current Staff Configuration

The humanitarian unit at UNFPA Indonesia currently consists of three staff - a Humanitarian Officer, Programme Officer for Data, and a National Programme Associate for Humanitarian - who are on call 24 hours a day, seven days a week if an emergency situation requires humanitarian support from UNFPA.

Internal Coordination within UNFPA

The humanitarian unit is able to respond well to disasters with only three full-time staff. During an emergency, the Humanitarian Officer coordinates with other National Programme Officers who may provide technical support for UNFPA's emergency response. This support is especially valuable during the rapid needs assessment process and work plan development, as well as for programme monitoring and evaluation. Indonesia's humanitarian unit has even been able to provide technical support on both emergency preparedness and response in other Asian countries such as Nepal, Mynamar, and the Philippines, even when there may be a simultaneous disaster that requires rapid response in Indonesia.

IV. UNFPA INDONESIA'S HUMANITARIAN UNIT AS A REGIONAL RESOURCE FOR SURGE CAPACITY

The humanitarian unit's contingency plan for Indonesia is the first of its kind among UNFPA country programmes around the world, and has been recognized at UNFPA headquarters as a template for other disaster-prone countries to use for developing their own contingency plans.[7] The following UNFPA country programmes in the Asia-Pacific Region have requested technical support from Indonesia's humanitarian unit for both emergency preparedness and response:

- Nepal: Assisted UNFPA country office to develop their contingency plan for emergency preparedness (2008)
- Myanmar: Assisted with emergency response after Cyclone Nargis (2008)
- Philippines: Assisted with emergency response after Typhoon Ondoy (2010)

7 Indonesia's humanitarian contingency plan is available as a model for other UNFPA country missions to download via the agency's intranet: myunfpa.org

- Pakistan: Requested for assistance with emergency response after the floods (2010); the humanitarian unit in Indonesia was unable to join this effort due to prior commitments at home.

In line with UNFPA's Humanitarian Response Strategy for 2011-2013 and the UNFPA Regional Strategy on Disaster Preparedness and Response in Asia-Pacific for 2010-2013, the Indonesia country programme is ideally situated to serve as a regional partner to support disaster risk reduction activities for other country programmes, and may be considered a reliable focal point for providing surge capacity support in the event of an emergency crisis in the Asia-Pacific Region.

Chapter 3:

REPRODUCTIVE HEALTH ASPECTS OF UNFPA INDONESIA'S HUMANITARIAN PROGRAMME

In the rush of an emergency response following a disaster, reproductive health (RH) issues often receive less priority than other aspects of an integrated health response, which typically prioritizes the management of dead bodies, injuries, and communicable diseases. Women face a number of unique RH risks during an emergency that tend to be overlooked:

- Pregnant women need care and may deliver their babies at any time. Childbirths may occur on the wayside during population movements.
- Risks of sexual violence increase during periods of social instability.
- STI/HIV transmission may increase in areas of high population density.
- Interruptions in family planning services increase risks associated with unwanted pregnancy and unsafe abortion.
- Malnutrition and epidemics that tend to accompany emergency events increase the risks of pregnancy complications.
- Lack of access to comprehensive emergency obstetric care increases risk of maternal death.

The UNFPA Indonesia humanitarian programme ensures that these RH issues are addressed in the early phase of a disaster response. UNFPA works with its local partners to implement a globally recognized set of standard RH services for emergencies known as the Minimum Initial Service Package. UNFPA also advocates for the integration of MISP into the existing national health emergency preparedness and response system in order to ensure sustainability and ownership from the Indonesian government. UNFPA also ships hygiene kits and RH medical equipment to local partners when smaller-scale disasters strike, such as the flash floods in Wasior, West Papua or the earthquake and tsunami in the Mentawai Islands. The first section of this chapter describes in more detail these RH components of UNFPA's humanitarian contingency plan. The second section describes several exemplary innovations since 2005.

I. REPRODUCTIVE HEALTH COMPONENTS IN THE HUMANITARIAN CONTINGENCY PLAN

UNFPA Indonesia's humanitarian contingency plan outlines an integrated reproductive health (RH) programme that anticipates, responds to, and follows-up on crisis events. The humanitarian unit coordinates closely with the regular UNFPA RH programme internally, as well as with the Indonesian Ministry of Health's (MoH) Crisis Centers, the MoH Maternal Health Directorate, and several national and local partner organizations, to ensure the following emergency RH priorities are met:

A. Rapid RH Needs Assessment in Acute Emergency Situations

The UNFPA Indonesia humanitarian unit conducts RH rapid need assessments within days of a major disaster, using questionnaires related to IDP issues that can be adapted to a particular humanitarian situation. For RH issues in particular, UNFPA will seek data on the following indicators:

- **RH-Specific Population Data**: An ideal rapid assessment prioritizes IDP population data disaggregated by sex and age cohorts, with special counts of pregnant women and mothers with infants, but previous experience has shown that collecting detailed population data immediately after an emergency event is difficult. Instead, UNFPA typically has to rely simply upon the total number of surviving IDPs in crisis. In this case, the humanitarian unit uses quick statistical estimates drawn from the ***Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*** that can be used to predict RH-needs. For example, the humanitarian unit may predict that in a typical IDP population, 25% are women of reproductive age (15-49), 20% are sexually active men, 4% of women at any given time are pregnant, and 15% of all pregnancies will develop complications.
- RH-Specific Healthcare Infrastructure: The humanitarian unit must thoroughly assess the capacity and extent of damages to the local healthcare system, both its physical infrastructure and human resources. Important indicators include:
  - ✓ Total number and types of health facilities, including their physical and functional status after the disaster. In particular, can ***puskesmas*** clinics still provide RH services, including Basic Emergency Obstetric and Neonatal Care (BEONC)? Is there a referral hospital that can provide Comprehensive Emergency Obstetric and Neonatal Care (CEONC)?
  - ✓ Total number, condition, and capacity of health providers based in the disaster area. How many providers were injured or died? How many are still able to provide health services? Are they prepared to handle RH-related medical emergencies?
  - ✓ Availability and condition of RH supplies and equipment. How much is still available for use? To what extent have existing procurement and distribution systems for essential RH supplies, equipment, and pharmaceuticals been damaged?
  - ✓ Extent and condition of existing medical referral networks in order to decide where to refer patients in cases of maternal and neonatal complications and emergencies.

B. Establish RH Sub-Cluster

The IASC cluster system names UNFPA as the lead agency for the RH sub-cluster within the overall health cluster. Members of the sub-cluster include representatives from the government's local health department; the local university (if any); local, national and international NGOs; and UN agencies. UNFPA is responsible for initiating the establishment of the RH sub-cluster and co-leading the sub-cluster with the local health authority until they are ready to lead the group on their own. The objectives of the RH sub-cluster include:

- Promote relevant and emerging RH issues in all coordination forums.
- Hold regular coordination forums for information exchange and discussion on effective and comprehensive RH responses during the emergency phase.
- Set up or strengthen maternal surveillance to ensure safe and clean deliveries and avoid maternal and infant mortality.
- Facilitate distribution of resources, such as human resources, equipment, consumables and disposables, etc.

C. Minimum Initial Service Package (MISP) for RH in Acute Emergency Situations

MISP is a set of priority RH activities to be implemented in the early phase of an emergency situation whose overall goal is to save lives and prevent illness in crisis-affected populations, especially among women and girls.

MISP has five main objectives

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.
2. Prevent and manage the consequences of sexual violence.

3. Reduce HIV transmission.
4. Prevent excess maternal and newborn morbidity and mortality.
5. Plan for the provision of comprehensive RH services, integrated into primary health care (PHC) as the situation permits.

D. Supplies to Implement MISP

To implement MISP, the Inter-Agency Working Group on RH in crises (IAWG) designed a set of kits containing drugs and supplies aimed at facilitating the implementation of priority RH services. The RH kits are designed for use at the onset of the humanitarian response and contain sufficient supplies for a three-month period for different population numbers, depending on the population coverage of the health-care setting for which the kits are designed.

Table 1: List of RH Kits Used for MISP Implementation

RH KIT BLOCKS	RH KIT NUMBERS	RH KIT NAME
Kit Block 1: Six kits to be used by service providers delivering RH care at the community and primary health care level for 10,000 persons/3 months. These kits contain mainly medicines and disposable items.	Kit 0	Administration
	Kit 1	Condoms (male and female)
	Kit 2	Clean Delivery (for individuals, including supplies for birth attendant)
	Kit 3	Post-rape (including Emergency Contraceptive Pill and Post Exposure Prophylaxis)
	Kit 4	Oral and Injectable Contraception
	Kit 5	Sexually Transmitted Infections
Kit Block 2: Five kits to be used by trained health care staff with additional midwifery and selected obstetric and neonatal skills at the primary health care clinic or hospital level for 30,000 persons/3 months. These kits contain disposable and reusable material.	Kit 6	Delivery (for health facilities)
	Kit 7	Intra Uterine Device
	Kit 8	Management of Complications of Miscarriage and Abortion
	Kit 9	Suture of Tears (cervical and vaginal) and Vaginal Examination
	Kit 10	Vacuum Extraction for Delivery (manual)
Kit Block 3: Two kits to be used at the referral (surgical obstetrics) hospital level for 150,000 persons/3 months. These kits contain disposable and reusable supplies to provide comprehensive EmONC.	Kit 11	Referral Level for Reproductive Health (surgical obstetrics)
	Kit 12	Blood Transfusion

In addition to the RH kits, UNFPA provides basic supplies to safeguard the hygiene of the affected population and to ensure that people affected by disasters can live with dignity. The humanitarian unit procures and sends four types of hygiene kits designed for specific vulnerable groups: women of reproductive age, pregnant women, post-delivery mothers, and newborn babies.[8]

E. Comprehensive RH Care in Chronic and Transitional Humanitarian Situations

After the emergency phase of a crisis has passed or during a chronic humanitarian situation, UNFPA supports comprehensive RH services for IDP communities. This includes expanding medical, contraceptive, psychological, social and legal services for survivors; disseminating community education messages to raise awareness about these services; training skilled health care workers (midwives, nurses, doctors) in emergency obstetric and neonatal care; support for restoring the RH services at Puskesmas and hospital and procuring a sustainable source of equipment and supplies for them.

F. Integration of MISP into Existing Health Emergency Preparedness and Response System

Since 2008, UNFPA Indonesia's humanitarian unit has supported advocacy and activities to integrate MISP into MoH's national emergency preparedness and response system, ensuring government ownership and sustainability of the MISP programme. MISP integration into MoH's national emergency preparedness and response system includes coverage in policy documents and guidelines; human resource and capacity building mechanisms, and procurement systems for supplies and equipment.

II. INNOVATIONS AND LESSONS FROM THE FIELD

Provision of Specialized Hygiene Kits for Women with Various Needs

UNFPA humanitarian programmes worldwide include the provision of "dignity kits" for women in humanitarian settings which include items such as sanitary napkins, anti-bacterial soap, underwear, towels, tooth brushes and toothpaste. These supplies help women in crisis to maintain their dignity and access humanitarian services. In Indonesia, UNFPA uses the name "hygiene kit" instead, and the programme has been distributing them since the earthquake and tsunami disaster in Aceh, tailoring them to the diverse needs of women in different parts of the country. In Aceh, where Islamic law requires Muslim women to keep their bodies fully covered, the hygiene kits included head covers (***jilbab***), long-sleeved shirts, and prayer mats commonly used by Acehnese women, allowing them to participate in public activities, as well as conduct their daily work in the public IDP camps. The hygiene kits that were delivered to women in Central Java and Yogyakarta following the 2006 earthquake included long cloths (***jarik***) and menthol balm to meet the needs of elderly women.

Since UNFPA Indonesia's first delivery of hygiene kits in Aceh, the humanitarian unit has developed four specialized types of hygiene kits to meet the needs of different women. Apart from the basic hygiene kit for women of reproductive age, UNFPA Indonesia designed three other hygiene kits. For pregnant women, the hygiene kits contain underwear with adjustable

8 For more information on UNFPA Indonesia's hygiene kit programme, see section 3.2.1.

size to accommodate the stages of pregnancy. A special hygiene kit for post delivery and lactating mothers contain breastfeeding shirts and bras allowing mothers to breastfeed their babies comfortably and still participate in public activities. Finally, a fourth hygiene kit was developed for mothers with newborn infants that contains baby clothes, a blanket, baby hat and mosquito nets to protect infants from hypothermia and mosquito bites when living in IDP camps.

UNFPA Hygiene Kits in Context

Within the context of UNFPA's overall efforts in Indonesia, the provision of hygiene kits during a humanitarian emergency is a small programme. Nevertheless, a recent evaluation found that the hygiene kit programme serves as a "stepping stone" toward developing new partnerships and strengthening existing partnerships with both local organizations and government agencies. UNFPA Indonesia's provision of hygiene kits in crisis situations all over Indonesia has involved not just the beneficiaries who receive them but also multiple layers of Indonesia's health system, from local ***puskesmas*** clinics and NGOs, to professional health provider organizations, to district and provincial government agencies, all the way up to national-level ministries such as MoH and MOWE-CP.

Hygiene kits perform an advocacy role, both as a policy initiative for the Indonesian government and as an awareness raising tool about the importance of RH and gender issues in a crisis environment. It is expected that by 2013 hygiene kits will be pre-positioned at the MoH's nine regional crisis centers and UNFPA will continue advocacy for integrating the kits into GoI's national contingency plan, ensuring sustainability of the hygiene kit programme.

Hygiene kits also introduce RH and gender issues to UNFPA partners for the first time, opening the door for communication and future capacity enhancement activities. Finally, hygiene kits can easily serve as vectors for information and visibility targeted at the general Indonesian population by including IEC materials such as pamphlets and brochures about issues that focus on UNFPA's core mandate. The UNFPA hygiene kits are designed to meet the unique

and unmet needs of women not usually targeted by other organizations, thus distinguishing UNFPA from partner organizations that supply only generic hygiene kits. The feedback from direct beneficiaries in the hygiene kit evaluation confirmed this comparative advantage, and the country mission has leveraged this advantage to further the objectives of its larger mandate.

> "It was very good to feel that someone cares about us— that somebody pays attention to us."
>
> –Focus group participant, Magelang, Central Java, 22 March 2011

Hygiene Kit Evaluation Results: In 2011 UNFPA commissioned Columbia University to conduct a global evaluation of the dignity kit programme and included Indonesia in its sample as an example of a country prone to frequent natural disasters. The objectives of the evaluation were to assess the usefulness and impact of hygiene kits for beneficiaries in a crisis situation, and to conduct a cost-benefit analysis of UNFPA Indonesia's procurement, assembly, warehousing and distribution of their hygiene kits. The researchers from Columbia used the distribution of hygiene kits following the eruption of Mount Merapi in Yogyakarta and Central Java provinces in late 2010 as their case study. For the UNFPA Indonesia country programme, this was the first formal evaluation of the humanitarian unit's hygiene kit programme.

The evaluation team found that stockpiling hygiene kits at the UNFPA warehouse in Jakarta helped ensure rapid and timely delivery to beneficiaries. Partner organizations in the field received hygiene kits within three days of requesting them from UNFPA, and beneficiaries reported receiving their kits within a week of evacuation from their homes. Beneficiaries also praised the usefulness of the hygiene kit contents, particularly since most IDPs evacuated their homes without any belongings.Focus group participants appreciated receiving clean, new clothes (instead of used, donated clothes) which helped them feel "comfortable" and contributed to their sense of "self-esteem and pride." A few phrases from beneficiaries during the focus groups suggest that the hygiene kits overall helped restore dignity for IDPs: "peace of mind," "sense of pride," "added confidence," and "being regarded as a human being." The contents of the hygiene kits were perceived as appropriate to local customs and habits, underscoring UNFPA Indonesia's belief that "one size does not fit all," not just between country programmes but also within the diverse customs and practices across the Indonesian archipelago. Beneficiaries emphasized that the hygiene kits met their immediate hygiene needs, both for women and their infants.

The hygiene kit evaluation reported on some room for improvement based on their field visit to the communities around Mount Merapi. All of UNFPA's distributing partners, as well as the focus group participants, emphasized that the total quantity of hygiene kits was not enough to meet the needs of the affected population. In some cases, distributing partners

disassembled the kits and distributed the contents as individual items for greater coverage, and a few beneficiaries mentioned feelings of "unfairness" and "jealousy" because not all women received the same items. In the case of the Mount Merapi eruption, aid was scarce because the Government did not request international assistance. Therefore, UNFPA could only deliver the supplies that were stockpiled at its warehouse with very limited additional procurement intended for all three Merapi, Wasior, and Mentawai disasters in late 2010. The evaluators also mentioned that UNFPA visibility and messaging requires improvement. Beneficiaries reported familiarity with the UNFPA logo on their hygiene kits but they knew nothing about UNFPA's core mission. One important and simple recommendation from the Columbia researchers was the recognition that the hygiene kits themselves could serve as a vector of information if the contents were supplemented with IEC materials that explained the core mission and key issues relevant to UNFPA's work such as how to access RH services in a crisis situation and GBV prevention messages.

Addressing RH Human Resource Problems in an Emergency

Major disasters have the potential to paralyze or destroy the existing local health infrastructure. Clinics may suffer irrevocable damage and large numbers of medical personnel may die. The resources to address routine health problems, much less the massive numbers of mortality and morbidity that accompany a disaster, are suddenly incapacitated precisely when they are needed the most. The local population of surviving midwives that typically handle RH in their communities may be preoccupied with their own families coping with the disaster.

The UNFPA humanitarian unit has found a reliable national partner in the Indonesian Midwives Association to address the RH human resource problems when an emergency immobilizes the local health infrastructure. Known by its Indonesian acronym IBI (*Ikatan Bidan Indonesia*), the Indonesian Midwives Association, established in 1951, is a professional organization for midwives in both the public and private sector across the entire country. IBI draws upon a total membership of 87,338 midwives (as of 2008), with networks down to the local village level, where midwives work on the front lines of maternal and child health services.

UNFPA first collaborated with IBI after the 2005 tsunami in Aceh. IBI mobilized hundreds of midwives from Jakarta to replace the estimated 30% of Acehnese midwives who died in the disaster. UNFPA continued to work with IBI after the 2006 earthquake in Yogyakarta and the 2009 earthquake in West Sumatra.

Together, IBI and UNFPA conducted assessments immediately after both disasters, collecting data on the condition of health facilities and the availability of medical equipment and human resources for RH services. IBI then established temporary health posts throughout the disaster areas where health centers were not functioning, and mobilized its members to provide, on a rotating basis, maternal health services including ante-natal care, delivery services, post-natal care, and family planning services. UNFPA provided midwifery and RH kits and paid for operational costs, while the local health department provided medicines and other supplies for the posts. For the response in West Sumatra, IBI established 15 health posts that provided, in total, 535 ante-natal care services, 222 deliveries, and 760 family planning services in the one month period following the earthquake. When human resources are scarce in an emergency situation, IBI can easily mobilize its members from surrounding areas or neighboring districts.

UNFPA's collaboration with IBI ensures that one of the MISP objectives to prevent excess maternal and neonatal morbidity and mortality will be achieved.

Successful Integration of MISP into Indonesia's Health Emergency Preparedness and Response System

The humanitarian unit's advocacy efforts since 2008 to integrate MISP into MoH's emergency preparedness and response system have yielded a number of piecemeal successes. MoH has included MISP within their revised national guidelines for health disaster management in 2011. Following their endorsement, the Minister will issue a decision letter on the revised health disaster management regulations. The international MISP training curriculum has been adapted and accredited for the Indonesian context by MoH's education and training center. With accreditation of the new curriculum, UNFPA can advocate for MISP training nationwide. As of end of 2012, UNFPA has successfully conducted one national-level MISP training of trainers, and MISP training for MoH's nine regional crisis centers and two sub-regional crisis centers. In fact, MoH's crisis center in East Java and West Sumatera have integrated MISP training into their capacity building activities, and have conducted several MISP training sessions using their own resources. UNFPA will continue to support the integration of RH kits into the national system by setting up local procurement and stockpiling mechanisms. MoH has also integrated the procurement of hygiene kits into its 2011 work plan.

Chapter 4:

GENDER ASPECTS OF UNFPA INDONESIA'S HUMANITARIAN PROGRAMME

During a crisis, such as natural disaster or armed conflict, the institutions and systems that protect the community's physical and social well-being are weakened. Gender Based Violence (GBV) is a common feature of complex emergencies in particular. The prevention and management of GBV requires collaboration and coordination among members of the community and between agencies. UNFPA Indonesia's humanitarian contingency plan starts with the assumption that emergencies and their aftermath affect women, men, girls, and boys differently. The gender component of the humanitarian contingency plan anticipates, assesses and addresses these differential impacts on vulnerable groups who survive disaster and cope with its aftermath. UNFPA prioritizes increasing awareness, strengthening services, and ensuring protection for women and girls who are more vulnerable to GBV. The three major crisis events in which UNFPA mounted a significant gender programming response were the Aceh earthquake and tsunami (2005-6), the Yogyakarta and Central Java earthquake (2006), and the West Sumatra earthquake (2009).

I. GENDER COMPONENTS IN THE HUMANITARIAN CONTINGENCY PLAN

The humanitarian unit coordinates closely with the regular UNFPA gender programme internally,as well as with the Ministry of Women's Empowerment and Child Protection (MOWE-CP) and several national and local partner organizations, to ensure the following gender priorities are met during an emergency and its recovery phase:

a. Rapid Gender Assessment

The humanitarian unit will conduct a rapid gender assessment that includes not only population data disaggregated by sex and age group, but also accounts for unique vulnerabilities faced by women, men, girls and boys in the context of their uncertain and unsettled living conditions. A rapid assessment should identify potential risks for GBV during and after the emergency while also using a gender-sensitive lens to evaluate access to humanitarian services, such as reproductive health care, psychosocial support, clean water, and private bathrooms.

b. Formation of GBV Sub-Cluster or Gender Working Group

UNFPA is the designated lead agency in the Protection sub-cluster for GBV. If an emergency leads to a coordinated UN response, UNFPA Indonesia's humanitarian unit will support the formation of a sub-cluster for GBV protection that includes local government, NGOs, and UN organizations whose activities address gender issues. Through the GBV sub-cluster, UNFPA will coordinate the mainstreaming of GBV prevention and response into the planning of all relief efforts during a humanitarian crisis. If UNFPA is assisting upon request of the local government without the involvement of the entire UN apparatus, the humanitarian unit will support the formation of a less formal gender working group among these local actors to meet regularly and coordinate their crisis response and advocate gender mainstreaming among the other humanitarian sectors. UNFPA supports the routine meeting of the gender working group, but expects that over time the local Bureau for Women's Empowerment or another local agency will assume ownership over the gender working group to ensure sustainability after UNFPA programming ends, leaving behind a local network of partner organizations that are prepared to respond on their own if another emergency affects their jurisdiction.

c. Gender Mainstreaming and Capacity Building

A key deliverable from the GBV sub-cluster is to issue a set of gender sensitive guidelines for the multi-sectoral components of the rehabilitation and reconstruction phase, adapted to the local conditions of the current emergency. UNFPA provides technical and donor supports to develop, publish, and disseminate these guidelines.

The work of integrating gender sensitivity into all sectors (or clusters) of humanitarian programming and policy development over the long term depends upon advocacy by UNFPA local partners. After emergencies pass and the UNFPA humanitarian unit has returned to Jakarta, the transition to long term recovery lies in the hands of local agencies. When funding allows, UNFPA collaborates with the most promising local partners to strengthen technical capacity and advocacy skills. Local agencies and NGOs that maintain a continuing relationship with UNFPA typically emerge from the gender working groups that collaborate most productively with UNFPA during the emergency and early recovery phase.

d. Gender Based Violence Prevention and Response

UNFPA prioritizes increasing awareness, preparedness, and response for GBV issues in emergency situations. Activities include production and dissemination of Information, Education, and Communication (IEC) materials on GBV, strengthening services for survivors of GBV, and protecting vulnerable women and girls. While the gender component of the contingency plan emphasizes GBV prevention and psychosocial support for GBV survivors, medical care for GBV survivors is given upon referral to UNFPA's RH services.

e. Psychosocial Support

Survivors of major catastrophes may suffer from symptoms of mental distress and trauma as they try to cope with incomprehensible levels of death and destruction all around them. Appropriate responses to these symptoms—some temporary, some more serious—depend on local understandings of mental illness and trauma and the available capacity to address it. The UNFPA humanitarian unit prioritizes women in its support for psychosocial programmes after an emergency situation, recognizing that many other international and local NGOs already provide support for children. The ways in which UNFPA provides psychosocial support to women after an emergency can be situational, based on available resources and services. In some situations, UNFPA has supported the training of community mental health nurses, using a government curriculum for public clinic nurses implemented through the Ministry of Health. In others situations, UNFPA has supported university psychologists as well as local women's NGOs to provide confidential support and counseling services for victims of GBV. One of UNFPA's larger psychosocial response programmes was in Aceh after the tsunami, in which UNFPA supported the establishment of community support centers that were organized by local women's NGOs.

f. Gender Analysis & Advocacy

Chronic humanitarian situations require a more fine-grained analysis of prevailing gender norms in communities affected by an emergency. Under stressful and uncertain conditions during the recovery period, these norms may shift. After the initial emergency response, effective programming for the medium- and longer-term requires attention to the distributions of gender and socioeconomic inequalities; attitudes toward local government and humanitarian services; marriage and migration patterns; courtship, child-rearing, inheritance, and religious practices; and the various forms of GBV and psychosocial distress in the target communities. UNFPA supports mixed methods analyses of these issues, which can be used as advocacy and awareness-raising tools for mainstreaming gender issues and the needs of vulnerable groups into humanitarian and development programming.

II. INNOVATIONS AND LESSONS FROM THE FIELD

Gender Analysis and Advocacy in Aceh

When the critical emergency phase following the earthquake and tsunami on 26 December 2004 had passed, a bare minimum of services for tsunami survivors had been restored among a patchwork of camps and temporary living centers across the province. Hundreds of thousands of IDPs, having lost everything, would stay in these facilities for at least a year while the rehabilitation and reconstruction phase began in earnest. Under chronic displacement conditions, UNFPA, together with Oxfam, supported the Women's Studies Center at Ar-Raniry State Institute for Islamic Studies in April 2005 to evaluate social, economic, and cultural changes in the day-to-day lives of IDPs living in camps and shelters, with a specific focus on gender issues in these communities.[9] Using a mixed-methods approach combining qualitative ethnographic methods with quantitative data, the researchers reported a comprehensive set of findings, some unexpected. The earthquake and tsunami in Aceh killed a disproportionate number of women and elderly, resulting in significant changes in domestic work, child-rearing, and marriage patterns in the IDP camps and temporary living centers. For example, with an excess of widowers living in the camps, women reported a reluctance to help take care of widowers' children because it would suggest a dangerously close relationship. Only close relatives of a widower were allowed to help raise his children, thereby avoiding social stigma. This posed child-care challenges for fathers looking for work. Widowers quickly sought to remarry in order to restore stability to their family life. The findings also acknowledged that the long history of separatist conflict in Aceh left many tsunami survivors feeling distrustful of government and reluctant to access certain services. After tsunami survivors lost government documents that recognize citizenship, property ownership, and education, they expressed concerns that they might be mistaken for separatist sympathizers without any means to disprove it. Most tsunami survivors experienced radical downward class mobility after losing all their assets; furthermore, they found it difficult to reclaim their former status. Women expressed discomfort with IDP facilities, many reporting a lack of privacy and security in the communal bathrooms, highlighting risks often associated with GBV.

The results from this deeper study paint a more detailed picture than any of the initial rapid assessments were able to achieve. An analysis of prevailing and shifting gender norms in communities affected by disasters are an essential tool for both gender-based advocacy and design of medium-to-long term programmes that will support survivors living in chronically unstable conditions and facilitate their transition into new lives. The results from these studies served as a road map for UNFPA and their local partner organizations' programming priorities in Aceh until the end of 2006.

Creative Partnerships for Gender Sensitive Emergency Response in Indonesia

One of UNFPA's important lessons from repeat humanitarian encounters in Aceh, Yogyakarta, and Padang during the past five years has been the persistent challenge of raising awareness and maintaining surveillance over GBV, RH, and psychosocial concerns within IDP communities. Adequate surveillance and IEC coverage are challenging because it requires a large commitment of human resources that UNFPA, MOWE-CP, and their partner NGOs

9 Minza, W., 2005, Gender and Changes in Tsunami-affected Villages in Nanggroe Aceh Darussalam Province, Oxfam GB & United Nations Population Funds.

do not have. Just as the RH programme has an extensive network of professional midwives and other health providers that are able to reach the grassroots of IDP communities, so too must the gender programme find a similar network of women who are ready and qualified to guard against GBV in IDP camps and routinely ensure that safety requirements for women and children are met in these settings.

Following the Merapi volcano eruption in October 2010, UNFPA initiated a pilot working relationship with the ***polisi wanita*** (or ***polwan***), the women's division of the national police force. Since police are routinely dispatched to maintain security and assist in recovery efforts during a disaster, UNFPA invited a group of ***polwan*** officers to attend gender sensitivity training. These officers subsequently suggested to their superiors that gender protection protocols particular to the ***polisi wanita*** division be formulated in anticipation of the next crisis during which ***polwan*** officers are called to assist. UNFPA Indonesia's next country programme will allocate some of its budget to work on the development of these gender protection protocols for emergency events with the ***polwan*** forces.

In addition to Indonesia's policewomen, UNFPA has also initiated a working relationship with the Family Empowerment and Welfare Movement, known by its Indonesian acronym PKK (***Pemberdayaan dan Kesejahteraan Keluarga***). PKK is a national organization for the wives of male public servants. The head of PKK at the national-level is the wife of the president (if the president is a man), and PKK leadership extends to the village level; mirroring the structure of its top-tier leadership, the wife of a male village head is automatically the head of the village PKK group. UNFPA has observed that during emergency events, particularly those that occur in Java, where PKK is most active, it is the local-level PKK groups that mobilize to organize a public kitchen and handle other domestic duties of IDP camp management. UNFPA, together with MOWE-CP, sees an opportunity to develop protocols for training PKK members to understand and monitor gender protection issues in their own IDP communities.

Indonesia's ***polwan*** and PKK are both organizations that are national in scope, composed exclusively of women, and capable of extending to the grassroots of a community when a disaster strikes. While both groups are more likely to adhere to traditional gender roles, they nevertheless appreciate the importance of women's empowerment and have demonstrated a capacity to respond on behalf of IDPs when crisis strikes their communities. Raising awareness and monitoring for GBV, advocating for IDP living conditions that respect the needs of women and their children, looking out for symptoms of psychological distress among IDPs, and helping IDPs access appropriate health and social services requires only a basic knowledge about gender issues. With support from UNFPA and MOWE-CP, these organizations can mobilize on behalf of women's needs in a crisis situation.

Partners such as ***polwan***, PKK, or an ambitious local NGO only present themselves through trial and error, as a result of pragmatic decisions made during an emergency response, thus emphasizing the importance of keeping the contours of a humanitarian contingency plan flexible and always open for revision. UNFPA Indonesia's humanitarian unit studies the landscape of available resources in a society where crisis strikes, and then forges creative partnerships with the groups that offer the greatest willingness and potential to reach UNFPA's target beneficiaries.

Establishment of a Sustainable Gender Working Group in West Sumatra

One day after the 30 September 2009 earthquake in West Sumatra, humanitarian staff from UNFPA arrived in the provincial capital, together with an official from MOWE-CP in Jakarta, to conduct a rapid emergency needs assessment and organize a GBV protection sub-cluster to coordinate with other UN agencies, international and national NGOs, and the local government. They discovered that even though officials from the West Sumatra Provincial Bureau for Women's Empowerment had been invited to the coordination and planning meetings convened by the National Disaster Management Agency (BNPB), no one from the Bureau was attending. There were, therefore, no voices at the table actively advocating for the specific needs of women and children. Caught in the rush of humanitarian aid arriving from Jakarta and beyond, provincial government agencies and local civil society groups were suddenly (but only briefly) without a role. The Bureau for Women's Empowerment had no experience responding to emergencies. To jumpstart the process, MOWE-CP and UNFPA invited and supported members of the gender working group in Yogyakarta, who had gained critical experience during their response to their earthquake disaster in 2006, to come to West Sumatra and help the Bureau establish a gender working group of their own. The Bureau's line agencies at the district level enthusiastically joined the newly formed GBV sub-cluster, along with several local women's NGOs. These actors on the front lines of the disaster, although still inexperienced with managing gender issues in an emergency, actively participated and worked with the gender working group leaders from Yogyakarta to tailor a set of gender sensitive guidelines for emergency response and recovery in West Sumatra. Meanwhile, senior MOWE-CP officials from Jakarta provided technical assistance and capacity building for the provincial Bureau to ensure that their ministry had a voice at all BNPB meetings. The benefits of the gender working group were widely acknowledged at all levels: each member NGO in the group could inform the others of their activities and coordinate their programmes to avoid overlap; by learning about each other'sprogrammes, they could initiate referral mechanisms to other programmes when necessary; and the working group served as a receiving forum for donor agencies interested in supporting gender sensitive programming. When the UN agencies left West Sumatra and deactivated the clusters, the GBV protection sub-cluster remained active as a provincial gender working group.

The proof of this model's success has been its survival until the present. When the earthquake and tsunami struck the Mentawai islands off the coast of West Sumatra in 2010, the provincial gender working group mobilized a response with minimal direct input from UNFPA or MOWE-CP in Jakarta. Likewise, the gender working group in Yogyakarta, having learned from the earthquake response in 2006 and then assisting the West Sumatra group in 2009, mounted a rapid response to the Merapi volcano eruption emergency in 2010, requesting only minimal support from UNFPA for the printing and dissemination costs of their gender mainstreaming guidelines, but no longer requiring technical or programmatic support.

Initiative to Implement UN Security Council Resolution 1325 in Post-Conflict Aceh

The United Nations Security Council Resolution 1325 (UN-SCR 1325) is the first and only Security Council Resolution to specifically address women, peace, and security. The resolution acknowledges that women have many roles during conflict: as soldiers, intelligence officers, protectors of soldiers, and providers of food and shelter. UN-SCR 1325 therefore focuses on women's needs in the post-conflict setting, including:

- Protection of women during and after conflict;
- Ending impunity for those who commit abuses against women during conflict;
- Integration of gender perspectives during peace-making and peace building; and
- Participation of women in rehabilitation and reconstruction.

UNFPA has been involved in UN-SCR 1325's implementation in post-conflict settings around the world, including in Indonesia, where a pilot programme was launched in Aceh less than two years after the end of a nearly three decade long separatist conflict. UNFPA's Aceh programme for UN-SCR 1325 supported four local NGOs that focus on women's issues to implement various components of the pilot, including a needs assessment of women living in conflict-affected communities, income generation activities, and women's empowerment activities.

Chapter 5:

POPULATION DATA ASPECTS OF UNFPA INDONESIA'S HUMANITARIAN PROGRAMME

"Accurate demographic and health data are the cornerstone of effective humanitarian response, national reconstruction, emergency preparedness and conflict prevention."[10]

With its history of expertise in population data collection and demographic analysis, UNFPA has a key role to play in improving population data collection, analysis, and utilization before, during, and after a crisis. In response to UNFPA's increased participation in humanitarian efforts since the implementation of the IASC cluster system, an internal working group on data in crisis situations strongly recommended in 2007 that UNFPA synthesize available information and experiences on data issues during all phases of humanitarian crises. This group issued an internal working document in 2010 titled "Guidelines on Data Issues in Humanitarian Crisis Situations."[11] All activities in all phases of a humanitarian crisis rely upon population data for efficient resource mobilization, informed decision-making, and accurate impact evaluation. However, no specific cluster or sub-cluster mechanism yet exists for data collection, sometimes resulting in confusion over how to evaluate and choose among competing sources of information in the middle of an emergency.

The regular country programme has enjoyed a long history of collaboration with BPS - Statistics Indonesia, known by its Indonesian acronym, BPS (Badan Pusat Statistik). A pioneering achievement in this relationship was UNFPA's support to BPS to conduct a complete census in Aceh province and Nias Island within a year of the earthquake and tsunami events there, known as the SPAN project (Sensus Penduduk Aceh Nias). This was the first time that BPS lent its services in support of a national emergency response, and their efforts have been widely recognized as an extraordinary success. This chapter documents some of the key population data aspects in UNFPA Indonesia's humanitarian contingency plan, followed by a narrative account of the SPAN project and its lessons.

10 UNFPA (2006): Policies and Procedures Manual: Policy for UNFPA Support to Emergency Preparedness, Humanitarian Response, and Transition/ Recovery

11 UNFPA (2010): Guidelines on Data Issues in Humanitarian Crisis Situations.

I. POPULATION DATA COMPONENTS IN THE HUMANITARIAN CONTINGENCY PLAN

The UNFPA 2010 Guidelines on Data Issues in Humanitarian Crisis Situations and the Indonesia humanitarian unit's contingency plan both emphasize the following components for an integrated population data programme that anticipates and responds to a crisis event:

Monitor and Project Population Movements

UNFPA's partners at BPS have a well-defined protocol for preparing and implementing their decennial population census that includes routine annual mapping of census blocks and an inter-census update at the five year mark. This serves as an excellent baseline data set for analyzing demographic and migration patterns, and conducting vulnerability assessments for particular populations that live in disaster-prone areas throughout Indonesia. Other routine government surveys such as the BPS Annual Socioeconomic Survey, the Annual Labor Force Survey, and the Indonesia Demographic Health Survey provide various layers of socioeconomic and health data that can be used for poverty mapping and anticipating some of the urgent needs if an emergency strikes.

Emergency Survey Protocols for Rapid Population and Vulnerability Assessments

UNFPA's Indonesia country programme—with its expertise in demography and longstanding relationship with BPS—is ideally positioned to provide population data services to the wider humanitarian community. The results of a rapid population assessment, disaggregated by sex and age cohorts, can be used to estimate levels of displacement and mortality when compared with the most recent Indonesian census data from BPS. Various methods include inventory and review of secondary sources, key informant interviews with local leaders and service providers, aerial observations of affected disaster areas, focus group discussions with the affected population, and quick count surveys.

Site Specific Surveys and/or Censuses

When a large disaster results in massive displacement or mortality, UNFPA may support conducting a local census in order to guide the allocation of resources for humanitarian

services and the reconstruction process. After the earthquake and tsunami disasters in Aceh and Nias, UNFPA was the lead agency in raising funds and providing technical support for BPS to conduct a complete post-disaster census.

Rehabilitation of Statistical Systems

UNFPA's seventh country programme included a focus on four districts in Aceh that were most affected by the tsunami. It was implemented beginning in early 2007 after UNFPA's tsunami emergency response was complete. At the district level, UNFPA supports the availability and use of population data for policy and strategy development, such as publication of local BPS reports that summarize a district's vital statistics. The programme also supports the establishment of a district-level data forum in which line agencies meet routinely under BPS auspices in a collaborative multi-sectoral effort to improve the district government's capacity to collect, compile, analyze, and use statistical data based on principles of peer review. While these are some of the UNFPA Indonesia population data programme's core activities throughout the country, the selection of four districts in Aceh represents a significant investment into the rehabilitation of Aceh's population data services following the conflict and natural disasters there.

Advocacy for Population Data Issues in Emergency Response

It would not be enough if the UNFPA country programme integrated the recommendations outlined in the 2010 Guidelines on Data Issues in Humanitarian Crisis Situations into its humanitarian contingency plan. The humanitarian unit, together with the regular population data programme, will conduct advocacy at BPS and BNPB to adapt the guidelines into Indonesia's disaster preparedness and response policies.

In 2012, UNFPA Indonesia facilitated collaboration between BNPB and BPS on data issues for humanitarian programming. The first activity for this collaboration was a National Seminar on "Optimizing Population and Secondary Data for Disaster Management Programme," held 5-6 June 2012 in Jakarta. In the future, BNPB's coordination and cooperation with line ministries and other sectors/institutions will be strengthened to provide optimal and effective data collection and use for humanitarian purposes. The foundation for this cooperation was laid in an MoU between BPS and BNPB that will be signed after the workshop. UNFPA will provide the technical assistance at all levels (national, regional and global) as well as initial funding support as necessary. UNFPA also supports BNPB in developing National Guidelines on Data Issues in Humanitarian Crisis Situations, as well as Disaster Baseline Data and Information based on results of the 2010 Population Census and 2011 Village Potential Survey.

Provide Information Management Support to the IASC Cluster Approach

The humanitarian unit, with additional capacity, would collaborate with partner organizations in the IASC to provide information management support in response to disaster situations in Indonesia, as recommended in the 2010 Guidelines on Data Issues in Humanitarian Crisis Situations.

II. THE ACEH-NIAS POPULATION CENSUS (SPAN)

"SPAN provided basic information on demographic characteristics and the results were shared with civil society, UN agencies, and donors for better and accurate planning purposes in the rehabilitation and reconstruction phase."

—Wendy Hartanto, Former Director of Demographic and Labor Force Statistics, BPS

SPAN Origins and Objectives

After the earthquake and tsunami disaster in Aceh, with an estimated 200,000 people dead or missing and 500,000 survivors displaced from their homes, there was an urgent need to conduct a census as soon as the emergency recovery phase was over and essential services restored. The island of Nias, located off the west coast of North Sumatra province, suffered a devastating earthquake of its own in March 2005, resulting in a major exodus of survivors to the mainland. Nias was included in government plans for a post-disaster census. UNFPA lobbied extensively to raise funds for a census, securing additional support from the governments of New Zealand, Canada, and Australia to cover the costs. In June 2005, BPS signed an agreement with UNFPA as the leading donor agency to conduct The Aceh-Nias Population Census (known by its Indonesian acronym SPAN — Sensus Penduduk Aceh-Nias). SPAN had two main objectives:

1. Collect complete population data, down to the village level, as a basis for planning the rehabilitation and reconstruction of the province. Questionnaires would ask IDP households a few simple additional questions about their household losses in the disaster and their desires for resettlement in the future. The results would be available free for all government agencies, NGOs, and UN/donor organizations involved in reconstruction efforts in Aceh and Nias.
2. Update the BPS census sampling frame following the massive changes in both population distribution and habitable landscape as a basis for future census activities.

SPAN's objectives were particularly important in Aceh, not just because of the massive population loss and displacement, but also because the results of prior census activities had been deeply compromised by more than two decades of separatist conflict that preceded the tsunami. The 2004 Periodic Registration for Eligible Voters & Population only had 86% coverage, and the 2000 Population Census achieved only 61% coverage due to the conflict. With the signing of a peace agreement in August 2005, BPS was finally able to conduct a complete census under significantly improved security conditions. The SPAN results would therefore be useful for both tsunami and post-conflict recovery efforts in Aceh, helping government agencies, international donors, and humanitarian NGOs allocate their resources based on criteria such as the geographic distribution of IDPs, types of IDPs (current or recently resettled), and the scale or intensity of a variety of humanitarian indicators.

SPAN Methodological Innovations

BPS had limited time to address a number of methodological challenges that were unique to the Aceh and Nias disaster settings. After formally launching the SPAN project in mid-June 2005, BPS spent two months preparing and testing their methodology and then training surveyors with technical support from the UNFPA population data programme. Data collection began on 15 August—the day the Aceh peace agreement was signed—and lasted for one month. Preliminary results were published in late October, final results disseminated at the end of November, and reports published in January 2006. This extraordinary effort featured a number of pragmatic and flexible methodological adaptations to meet the challenge of conducting a census under time pressure and in difficult post-conflict and post-tsunami field conditions. Each of the following three methodological innovations described below constituted a significant departure from BPS's standard decennial census methodology, which in the end enabled BPS to complete the census in a rapid and timely fashion.

Local Level Mobilization: BPS's preparation for the routine decennial census begins years in advance. The agency relies upon annual updates of their sampling frame, which divides all of Indonesia into "census blocks" consisting of between 80 and 120 households. In tsunami-affected coastal regions of Aceh, once densely populated areas were empty or under water. Further inland, once empty landscapes were filled with temporary IDP communities. In former conflict areas, the population data and associated census blocks were entirely outdated. BPS mobilized district-level teams with technical support and supervision from more than 40 BPS officials that came to Aceh and Nias from Jakarta to revise all census block maps just a few weeks in advance of the census. Many enumerators were hired from the districts and sub-districts where they lived. Socialization messages were distributed throughout Aceh in advance of the census to encourage community participation not just through BPS line agencies, but also through schools, mosques, NGOs, UN agencies, and local government agencies. During census fieldwork, enumerators used all-terrain vehicles in order to move through remote and damaged landscapes, and occasionally used charter flights to reach isolated communities cut off due to severely damaged infrastructure. After the census fieldwork was complete, preliminary results were simultaneously tabulated in each district before they were compiled into a master database. All of these initial planning efforts focused on local-level mobilization until preliminary data compilation would enable rapid implementation of the SPAN project.

Conflict Sensitivity:

The peace agreement between Aceh's separatist rebels and the Indonesian government greatly improved security conditions beyond the tsunami recovery zone, thereby enabling a province-wide census. Nevertheless, in August and September 2005, security forces from other parts of Indonesia had not yet been withdrawn, and former separatists and their sympathizers were still wary about openly identifying themselves. Communities in former separatist strongholds remained suspicious of any government activities, especially efforts to count and tabulate the population. BPS took a number of actions to make the census more conflict sensitive in Aceh. First, BPS agreed to use only the initials of people who were counted, which helped preserve confidentiality in the census results. Second,the uniforms and documents that enumerators brought used in the field bore no insignia of the Indonesian government. Instead, enumerators wore light blue vests and hats, suggesting affiliation with the UN rather than the national government. These uniforms featured the logos and names of the donor organizations that supported SPAN. Third, coordination between BPS and high-level former separatist leaders ensured cooperation from local ex-combatants and commanders in the field.

Counting IDPs:

The standard criterion that BPS uses to count an individual in the decennial census is a six-month period of residency. In order to accurately reflect the radical change in population and residency following the tsunami and conflict, BPS had to adopt unique categories of individuals to be counted; otherwise, the six-month residency requirement would fail to count hundreds of thousands of IDPs—collectively, most important source of data for this special census. The census used three types of questionnaires for three types of persons: 1. Permanent residents, 2. Temporary residents (such as in tent communities and temporary living centers), and 3. Homeless persons. Since IDPs are a highly mobile population, often returning to their home villages to clean and rebuild, then returning to IDP camps to access humanitarian services, census enumerators were careful to ask every individual if he or she had already been counted at another location. After fieldwork was complete, enumerators reported that it was actually easier to count temporary residents than permanent residents because IDP communities were well-organized and geographically contained, whereas rural residents, such as in Aceh's highlands may occasionally require hours, even days, of walking in order to reach their homes.

SPAN Key Results

The detailed demographic results of the SPAN project are available from BPS. A few key figures show the extent of displacement. Out of a total census count of 4,031,589 in Aceh and 712,075 in Nias, 12.5% and 54.1% of households, respectively, reported displacement due to the recent tsunami and earthquake disasters. However, by September 2005, only 4.76% of households in Aceh and 5.93% of households in Nias reported they were still living in temporary IDP settings such as tent communities or temporary living centers, highlighting not just the resilience of IDP survivors from these disasters, but also the need for resource allocations that account for both IDPs and the resettled populations rebuilding their homes and livelihoods.

In order to make the SPAN results accessible to policy makers and humanitarian programme developers, BPS, with consultation from UNFPA, commissioned the production of a user-friendly CD-ROM to Insan Hitawasana Sejahtera (IHS), an Indonesian company specializing in the provision of social science research and consulting services. IHS incorporated SPAN data into a storage and retrieval system known as Map Frame that allowed users to access a variety of population census statistics, including age and sex cohorts, based on maps of Aceh and Nias that could be magnified down to the village level.

Chapter 6

GOOD PRACTICES, LESSONS LEARNED, AND RECOMMENDATIONS

The preceding chapters outlined the genesis, structure, and component programmes of UNFPA Indonesia's humanitarian unit. Each component—reproductive health, gender, and population data—features innovative programme developments adapted to the Indonesian context. The humanitarian unit's contingency plan described in Chapter 2 guides the Indonesia country programme's efforts to build its humanitarian resources further and become a regional center of excellence. This final chapter summarizes the best practices and lessons learned that the humanitarian unit has accumulated from direct experience supporting emergency preparedness and crisis response activities since UNFPA's Aceh tsunami response in 2005, and concludes with a set of recommendations for building and improving the programme for the short and medium term future.

I. GOOD PRACTICES

The following list of good practices summarizes the key characteristics of UNFPA Indonesia's humanitarian unit that have contributed to its signature achievements since 2005:

UNFPA Country Office Commitment

Upon conclusion of the two year tsunami recovery programme in Aceh, UNFPA Indonesia made a crucial decision to maintain a humanitarian unit for the country programme. Commitment from the UNFPA country office is the most important factor that determines the success of contingency planning development and its implementation during all phases of the plan: establishment of humanitarian unit, support for the unit's staffing needs, funding for emergency preparedness and response programmes, negotiating procurement exceptions for emergency situations, and capacity building for the humanitarian staff.

Contingency Plan

The first task of a newly established humanitarian unit in any UNFPA country programme is to develop a humanitarian contingency plan. The contingency plan provides a roadmap that covers all phases of a humanitarian response, outlining international standards of practice and tailoring them to the country context in such a way that anticipates local risk scenarios

and needs. In the Indonesia case, UNFPA's responses to emergencies after the establishment of the humanitarian unit and development of its contingency plan resulted in a dramatic improvement in preparedness and response compared to the emergencies that preceded them.

Preparedness Activities

In disaster-prone countries such as Indonesia, emergency preparedness and response require full-time commitment with a dedicated staff to manage preparedness activities so that when a crisis situation occurs, UNFPA will be ready to deploy immediately. The contingency plan helps in this regard by linking emergency plans with government policy; integrating a RH, gender and population data responses; developing and maintaining relationships with local implementing partners; identifying and prioritizing the capacity building needs both internally and with local partners; and stockpiling emergency supplies.

Advocacy

The humanitarian unit has taken stock of the Indonesian policy landscape and international humanitarian guidelines, looking for opportunities where national disaster preparedness, health and gender policies, and data management all interface with one another, and uses them as advocacy tools. For example, Indonesia's 2007 Disaster Law has an article that states each vulnerable group should be given priority in terms of evacuation and provision of services. UNFPA has used this article as an advocacy tool to encourage MoH to revise its health emergency response guidelines to include RH issues.

UNFPA's experience advocating for the integration of MISP into Indonesia's Health Emergency and Response System demonstrates the importance of having a dedicated full-time humanitarian unit within UNFPA's Indonesia country programme. Advocacy for policy change with any government is a challenge that requires a long term approach. Government bureaucrats routinely rotate positions within Indonesia's ministries UNFPA, which sometimes requires starting the advocacy process over again from zero when new agency and bureau heads come in. The integration of various aspects of MISP into MoH has been slow and piecemeal, but with persistent advocacy has resulted in steady progress nonetheless. Today MISP training can be implemented nationwide, with a MoH-accredited curriculum adapted to the Indonesian context, and some provincial governments are now allocating their own funding to support MISP training. As noted above, to date Indonesia is the country to complete accreditation for the MISP training curriculum and integration of MISP into their national emergency and response system.

Reliable Internal Collaborations

UNFPA's Indonesia country programme has enjoyed excellent internal support and collaboration when an emergency response needs to be implemented on short notice. Since the humanitarian unit currently has only threefull-time staff, when an unexpected disaster strikes, other technical units (in particular the RH and gender programmes) will assist with the emergency response, and the operations unit will provide logistical support for procurement, delivery and distribution of supplies. For example, in previous disasters such as the Yogyakarta and West Sumatra earthquakes, the National Programme Officer for Gender programmes has provided technical assistance for the establishment and functioning of GBV sub-clusters as well

as worked closely with national partners in mainstreaming gender into a national emergency response. While the humanitarian unit spends time coordinating a response in the field, the National Programme Officer for RH programmes assists with central level coordination within the clusters in Jakarta while providing technical assistance to the humanitarian unit in the field.

Reliable Partnerships

An examination of the successes in each component of the humanitarian unit's contingency planning shows that one of the most crucial keys to the programme's success is the cultivation of reliable local partnerships. Two common characteristics of UNFPA's reliable partners in Indonesia: 1. They are national in their scope, and 2. They have networks that extend down to the village level throughout the country. This includes UNFPA's national partners in government such as MoH, MOWE-CP, and BPS, as well as professional and social organizations such as IBI, BKKBN, PKK, and the women's police force. However, UNFPA also has found reliable partners at the sub-national level, and these groups are typically either local NGOs or research organizations. The identification and cultivation of these localized partnerships depends largely upon the personal and pragmatic approaches that the humanitarian unit must assume when implementing an emergency response.

Personal Approach

Moments of crisis often inspire capable disaster survivors as well as their more fortunate neighbors to assist with the humanitarian response. The initial work of conducting rapid assessments when UNFPA's humanitarian unit arrives in a disaster setting includes identifying individuals and organizations with the skills and interest to assist with UNFPA's mandate in a humanitarian crisis. This requires a personal approach, planning and delivering humanitarian relief services together, and learning from each other. The goal is to find the local "champions" who will continue the programmes that UNFPA supports after the humanitarian unit returns to Jakarta, and find ways to sustain them after UNFPA support ends altogether. Successful relationships can then be mobilized again when new disasters strikes in the same region. UNFPA has been able to replicate and improve its humanitarian responses in the Yogyakarta and West Sumatra regions thanks to the successful partnerships that were developed when the first disasters affected those parts of Indonesia.

Pragmatic Approach

Disaster settings, with their inherent instability and insecurity, require a pragmatic and flexible approach to delivering humanitarian assistance and implementing programmes. In some settings with active civil society groups involved with gender and health issues such as Yogyakarta, UNFPA already had established networks with the capacity to mobilize a response on short notice, whereas in other parts of Indonesia without active civil society groups involved with gender and health such as West Sumatra, the disaster response required a trial-and-error approach to establishing local partnerships and included bringing experienced actors from Yogyakarta to assist. As another example, the success of the SPAN project in Aceh and Nias depended upon BPS's willingness to adapt their formal census methodologies to the prevailing post-tsunami and post-conflict conditions on the ground, which enabled BPS to complete the census in a rapid and timely fashion.

Humanitarian Unit Programmes Introduce Partners and Beneficiaries to UNFPA's Overall Mandate

Crisis situations by their nature require a pragmatic and personal approach. The UNFPA humanitarian unit's contingency plan allows for this kind of situational flexibility to adapt its response to local capacities and risk conditions on the ground. The humanitarian imperative inspires a rush to respond, resulting in a crucible of action in which new relationships with local partners are forged, former partnerships renewed, and local capacities revealed and/or enhanced. In these situations, local partners see the tangible needs and benefits of RH and gender responses targeted toward vulnerable groups, sometimes for the first time or in a new light. Beneficiaries of humanitarian assistance may be learning about UNFPA for the first time, grateful that some humanitarian actors take the time to focus on their unique needs. The provision of hygiene kits in a crisis situation is a perfect example of how this works. Humanitarian assistance, in whatever shape or form, is a vector for introducing and leveraging UNFPA's larger programme mandate, in concentrated form, to both local partners and beneficiaries. Those who respond most proactively and productively in a moment of crisis may become UNFPA's reliable partners in the future, engaging in wide range of training and policy programmes in support of UNFPA's regular country programme. This is how sustainable gender working groups were established in both Yogyakarta and West Sumatra; how MISP has been integrated into MoH's health emergency policy; how the humanitarian unit has built lasting relationships with national organizations such as IBI; and how UNFPA has identified future working partnerships with PKK and the women's police force.

Thematic Working Groups or Clusters

Following the IASC's implementation of the cluster approach, UNFPA has become involved in helping coordinate RH services and gender sensitive disaster responses. UNFPA's humanitarian unit in Indonesia has found that with or without the formal implementation of the cluster approach, the establishment of these thematic working groups has been a useful mechanism for coordinating the humanitarian response among various international, government, and local agencies. The regular population data programme also has experience with forming data working groups and this could easily be adapted to supporting and coordinating data collection and data management needs during an emergency.

Leverage Government Partner Capacities

UNFPA recognizes Indonesia as a middle-income country, and many of its sectoral partners in the government already have significant technical capacity and budget to develop and implement their own programmes. This is especially true in Indonesia's capital, Jakarta, and helps explain why UNFPA takes a local level approach during its regular programming support throughout the archipelago. One of the humanitarian unit's best practices is to complement their government partners' own demonstrable technical and budget capacities. A good example of this was the SPAN project conducted by BPS. UNFPA led the donor fundraising efforts to support the SPAN project, and then offered technical support in the adaptation of BPS's census methodologies to Aceh's post-tsunami and post-conflict context, but the majority of the planning and implementation was conducted by BPS on their own because the agency has already been using reliable census methods for several decades.

Effective Stockpiling System

Lengthy procurement procedures should not get in the way of UNFPA's ability to deliver immediate assistance during an emergency. Since the implementation of the humanitarian unit's contingency plan, UNFPA has been stockpiling RH supplies such as hygiene and midwifery kits[12] in a warehouse in Jakarta that can be mobilized on a moment's notice. In the recent Merapi eruption, for example, local partners reported receiving hygiene kits within three days of their request to UNFPA, and beneficiaries reported receiving hygiene kits less than a week after the evacuation from their villages. This is an astonishing improvement compared to UNFPA's delivery of emergency RH supplies to Aceh more than three months after the earthquake and tsunami there.

Targeted Hygiene Kits

The provision of targeted hygiene kits for women with various needs immediately after an emergency has been one of the humanitarian unit's successes. UNFPA stockpiles four types of hygiene kits for women, and depending on the location of the disaster, these kits can be further tailored to local needs such as providing head covers and long sleeve shirts for women in areas where Islamic law applies such as Aceh, or providing ***jarik*** (long cloth) and menthol balm in areas where elderly women use these items, such as in Central Java and Yogyakarta. The initial rapid assessment after an emergency ascertains these special needs so that subsequent deliveries of hygiene kits can accommodate them.

II. LESSONS LEARNED

The following is a list of lessons learned since UNFPA Indonesia started conducting humanitarian activities on a full-time basis in 2005 and the establishment of the humanitarian unit in 2007. The list features lessons that have either resulted in improvements to the programme over time or recommendations for programme development in the near-term future.

a. General Lessons Learned

Establishment of Full Time Humanitarian Unit: The biggest lesson from UNFPA's experience responding to the disasters in Aceh and Yogyakarta throughout 2005 and 2006 was the need for a full-time humanitarian preparedness and response unit. UNFPA missions in disaster-prone countries should consider establishing a humanitarian unit that can focus on emergency preparedness and response activities before a disaster strikes. With a country-specific contingency plan (see Chapter 2) in place, UNFPA will have projected risk scenarios and humanitarian needs in a crisis situation, and be prepared for a rapid response.

More Timely Procurement: The major challenge in responding to disasters is to ensure that UNFPA's response is timely and meets the needs of the most affected populations. Since the Aceh tsunami, UNFPA has had difficulty ensuring a timely response to disaster due to procurement and other administrative procedures. Solutions to this problem include advance stockpiling of supplies and the establishment of long term agreements with particular vendors.

12 Midwifery kits provide midwives with equipment to provide ante-natal care, delivery assistance, and post-natal care.

Donor and NGO Fatigue: Also common in Aceh was a growing reluctance among beneficiary populations to participate in assessment work and some assistance programmes. This may have been unique to Aceh which had such a massive humanitarian presence for several years, but UNFPA and BPS did encounter communities that were reluctant to participate in the SPAN census project, declaring their dissatisfaction with questionnaires and assessments that rarely resulted in tangible improvements in their quality of life. Census workers also found that previous enumerators for prior assessment work supported by international agencies would offer small financial incentives for respondent participation, thus raising expectations that census workers might also provide similar remuneration.

Mission Creep: Enormous humanitarian response programmes with a wealth of donor support such as in Aceh may encourage some NGOs and international agencies to develop proposals for programmes that overstep the boundaries of their organization's expertise. An example from UNFPA's response in Aceh was the difficult implementation of a livelihood programme, which typically does not fall within UNFPA's programmatic mandate. Having a contingency plan helps UNFPA's humanitarian unit focus on its own niche portfolio of services.

Documentation and Publication of Programme Achievements: Despite UNFPA Indonesia's pioneering and successful efforts to establish a full-time humanitarian unit with an emergency preparedness and response contingency plan, few other UNFPA country programmes and UN sister agencies are aware of it. In a rush to prepare and implement humanitarian programmes, the information and publicity components of UNFPA's efforts were never developed. The results of this shortcoming include poor visibility and recognition of UNFPA and its core mandate among beneficiaries and a deficit of accessible documentation and raw data for future generations of humanitarians and researchers. The publication of this Good Practices document is part of the humanitarian unit's effort to correct this shortcoming.

b. Reproductive Health Lessons Learned

UNFPA Visibility and Branding: The recent evaluation of the hygiene kit programme suggested that UNFPA visibility requires improvement on several levels. Beneficiaries reported familiarity with the UNFPA logo on their hygiene kits but they knew nothing about UNFPA's core mission. One important and simple recommendation from the Columbia researchers was the recognition that the hygiene kits themselves could serve as a vector of information if the contents were supplemented with IEC materials that explained UNFPA's core mission and fact sheets about key issues relevant to UNFPA's work such as how to access RH services in a crisis situation and GBV prevention messages. Although UNFPA achieves partial visibility through a media strategy, the evaluation results recommend a more diverse approach to promote organizational visibility.

c. Gender Lessons Learned

Distinguishing Gender Concerns According to Types of Emergencies: After natural disasters such as the earthquakes in Yogyakarta, Central Java, and West Sumatra, UNFPA and its local implementing partners discovered that GBV did not emerge as a salient or

visible issue. Rather, as in the Aceh conflict prior to the tsunami, GBV tends to be a more significant factor during complex emergencies when GBV is used a weapon of humiliation. An evaluation of UNFPA's humanitarian GBV awareness and prevention response after the Yogyakarta earthquake in 2006 found that after a series of FGD sessions about GBV sensitization and training in two villages, GBV issues did not surface in the IDP communities. The FGD sessions were undertaken to collect information about incidence of GBV, but respondents consistently subordinated the issue of GBV to other more pressing needs such as the recovery of their livelihoods and housing. Evaluations following various natural disasters in Indonesia have also speculated that perhaps GBV does not become an issue because IDP communities, although displaced, still retain a semblance of their family and community structures, and their displacement is not far from their original homes. Social and geographic ties within the community were maintained during the recovery thereby preventing an increase in GBV.

d. Population Data Lessons Learned

Preserving Access to SPAN Data: By early 2006, the results of the SPAN project were published in a variety of formats, such as the user-friendly MapFrame CD-ROM, a compendium of hard-copy population tables for each district and municipality in Aceh and Nias, as well as Excel spreadsheets for analysts to import into statistical software. BPS also supported the publication of additional analyses based on the SPAN data conducted by partner Indonesian research institutions. Thanks to donor support led by UNFPA, BPS made these resources available for free to all stakeholders who requested access to them. More than five years later, however, these resources are difficult to track down after BPS has relocated to a new office building in Jakarta. Despite the extraordinary success of the SPAN project under such challenging field conditions, it is unfortunate that the insights from SPAN were not featured in UNFPA's 2010 publication of its Guidelines on Data Issues in Humanitarian Crisis Situations, another example of UNFPA's need to advertise its achievements with sister agencies. These documents should have been preserved and publicized, perhaps on a website available for download in digital format, as a historical document of BPS's extraordinary accomplishment that may be used for additional analyses in the future and for pedagogical purposes as well. The UNFPA Indonesia country programme would benefit from sharing SPAN's success with its partner organizations around the world and perhaps has a role to play in the archival work that will be needed to preserve SPAN's methods, data and analyses for future disaster events and students of demography.

Stakeholder Buy-In: BPS and UNFPA found it difficult to ensure that all stakeholders involved in the rehabilitation and reconstruction efforts in Aceh and Nias would use the SPAN data for policy and programme planning purposes. Many organizations, including the Indonesian government's Aceh-Nias Rehabilitation and Reconstruction Agency, did not consistently rely upon the BPS census results for their planning purposes. As a result, the BPS census results—the most rigorous and reliable count of the Aceh and Nias post-disaster populations available—failed to be adopted as a common standard data source.

III. RECOMMENDATIONS

Based on the review of UNFPA Indonesia's humanitarian contingency plan, its programme components and implementation, along with the best practices and lessons learned described above, this document concludes with the following recommendations:

a. General Recommendations for UNFPA Indonesia's Humanitarian Unit

Continue Emergency Preparedness Advocacy: The humanitarian unit successfully lobbied for the integration of MISP into the MoH'spolicy document and emergency preparedness guidelines. The gender programme has also worked productively with MOWE-CP and local gender working groups to increase awareness about and address gender issues during an emergency. When human resource capacity eventually allows, these advocacy activities need to continue and expand to other Indonesian government agencies and NGOs, in particular with BPS, the National Disaster Management Agency (BNPB), and their provincial and district level line agencies.

Improve Fundraising for Humanitarian Activities Beyond Emergency Options: Since 2005, UNFPA has relied upon two main sources of funding for its humanitarian programmes. Internally within UNFPA, the humanitarian unit submits proposals for funding the core activities defined in the contingency plan. The second source of funds is from a set of emergency funding mechanisms that are available when a disaster strikes such as the Central Emergency Response Fund (a UN standing fund mechanism), the UN Flash Appeal (to multiple donors), and the Consolidated Appeal Process (to multiple donors). While it is easy to raise funds for an emergency situation, the humanitarian unit needs to develop a resource mobilization strategy for its emergency preparedness programme beyond these traditional sources of support.

Increase UNFPA Visibility in Humanitarian Situations: The good practices listed above argue that UNFPA's humanitarian assistance has the potential to serve as a vector of information, introducing new partners and beneficiaries to UNFPA's mission beyond its niche relief services for vulnerable groups. However, UNFPA's humanitarian innovations and achievements have not enjoyed widespread visibility among neither its beneficiaries locally nor its sister agencies globally. A few simple recommendations would help improve this situation, starting with the production and promotion of this best practices document. Among beneficiaries of humanitarian assistance, IEC materials such as fact sheets and posters that explain UNFPA's core mission can be included with hygiene kits and placed on the walls of emergency clinics and temporary living centers for IDP populations.

Balance Procurement and Stockpiling Mechanisms: Since 2005, UNFPA Indonesia's humanitarian unit has greatly improved its response time for delivering hygiene kits and other RH supplies immediately after an emergency. This success is based upon UNFPA's ability to stockpile supplies at a warehouse in Jakarta. Efforts to stockpile supplies in advance sometimes come into conflict with UNFPA's global procurement and storage guidelines. Recent adoption of emergency procurement guidelines using local suppliers increases the cost ceiling for procurement that requires bidding, while procurement below the ceiling requires quotation request only, but producing kits still takes time.

One potential solution involves establishing Long Term Agreements with local vendors to improve efficiency during the procurement process in order to bypass time consuming bidding requirements. But even vendors that have a Long Term Agreement with UNFPA require time to procure and assemble the supplies that are needed for an emergency response. Until the government integrates procurement and stockpiling into its national emergency preparedness strategy, the humanitarian unit should continually lobby for stockpiling emergency RH supplies in its warehouse in advance while anticipating the limits of stockpiling by setting up Long Term Agreements and other rapid procurement protocols with local vendors.

Include the Elderly in UNFPA's Humanitarian Response: Indonesia's population is both getting older and living longer. By 2050, demographic projections predict that more than 67 million Indonesians will be aged 60 or older, roughly 24% of the total population. Research conducted by HelpAge International (HAI) has shown that older persons tend to be overlooked in emergencies and are often rendered virtually invisible during both the response and rehabilitation phases. There are few international or national organizations with expertise to work on protection issues concerning the elderly, and in Indonesia the government agencies and NGOs that assist the elderly are primarily concerned with reunification services and logistical support only, not psychosocial support. As an organization that focuses on the needs of vulnerable groups, and without an assigned agency in Indonesia to lead the Protection Sub-cluster for the Elderly, UNFPA may consider including the elderly, particularly women,[13] in its humanitarian contingency plan. There are IASC guidelines available, as well as an evaluation conducted by HAI in Indonesia, that outlines the important issues for including the elderly as both a group with unique needs and a participant in a

13 From HAI's evaluation of gender imbalances among Indonesia's elderly population: "In 2006, UN DESA data indicates that the percentage of older women living alone in Indonesia was 12%, while only 1% of older men lived alone. Likewise, 84% of older men are still married, while only 36% of women are married; this is further compounded by an imbalance in the sex ratio with only 82 men alive for each 100 women aged 60 and above and only 70 men alive for each 100 women aged 80 and above. For older women, this demographic trend consistently translates to situations of older women at increased protection risk, living with reduced family and household support and decreased access to services and other community-based and government assistance."

humanitarian response.[14] The guidelines emphasize that the elderly often continue to perform productive roles in their communities—raising grandchildren, earning income, leading their families and communities—and must be consulted in advance of any humanitarian service delivery. This orientation emphasizes protection and empowerment for the elderly, and avoids treating the elderly as merely a burden, a vulnerable group subject to exploitation and neglect.

Implement Systematic Archival of Programme Documents and Deliverables: In an emergency setting, it can be difficult to document the genesis and implementation of a rapid humanitarian response. Funding proposals, project documents, IEC materials, programme evaluations, and publicity reports may not be saved systematically. For the purpose of programme review, evaluation, and improvements, it is imperative that the humanitarian unit take extra steps to ensure that documentation of internal project documents and public deliverables are systematically archived in both soft and hard copies, and backed up in duplicate, for posterity.

b. Reproductive Health Component Recommendations for UNFPA Indonesia's Humanitarian Unit

Inclusion of IEC Materials in Hygiene Kits: UNFPA's humanitarian programmes present an opportunity to introduce UNFPA—its programmes and principles—to local partner agencies (in government and civil society) and beneficiaries, some for the first time. The hygiene kit programme evaluation suggested that the humanitarian unit include IEC materials with hygiene kits in the form of inexpensive laminated cards or brochures that provides RH and GBV prevention information as well as general information about UNFPA's broader programme mandate. By including this information, the hygiene kits will not only provide immediate assistance to survivors of disasters, but will also serve as a vector for increasing UNFPA visibility and awareness of its programmes.

c. Gender Component Recommendations for UNFPA Indonesia's Humanitarian Unit

Include Men as Partners in Advocacy for GBV Prevention and Gender Mainstreaming in Humanitarian Settings: UNFPA recognizes that gender does not simply refer to women's issues, and that men are not only seen as perpetrators of GBV. The gender component of the humanitarian unit's contingency plan should explicitly recognize the roles that men can play as partners in advocacy for GBV prevention and gender mainstreaming in humanitarian settings. One of UNFPA's local partners in Yogyakarta—a women's NGO named Rifka Annisa—developed their own approach (funded in part by UNFPA and other donors) for including men in their programmes after the Merapi volcano eruption in late 2010. First, they recruited male staff to advocate for GBV prevention and identify local male "champions" in IDP communities who could serve as agents of change among their peers. Second, Rifka Annisa worked with perpetrators of GBV by providing behavior change counseling to prevent repetition. Third, they trained male peer educators on GBV issues in local schools. And finally, they worked with other NGOs and the media to increase awareness among men about GBV prevention.

14 See for example, Older People in Disasters and Humanitarian Crises: Guidelines for Best Practice, published by Help Age International, UK. (http://www.helpage.org/)

d. Population Data Component Recommendations for UNFPA Indonesia's Humanitarian Unit

Revise the Population Data Component of UNFPA Indonesia's Humanitarian Contingency Plan: In light of the recent publication of UNFPA's 2010 Guidelines on Data Issues in Humanitarian Crisis Situations, the humanitarian unit is to revise the contingency plan to reflect the best practices and methods defined in the guidelines.

Establish Data Working Groups During Emergencies: Together with BPS or BNPB (and their line agencies), UNFPA Indonesia should coordinate the establishment of population data working groups during emergency situations similar to that of the gender and RH working groups. Although the IASC cluster approach does not define a specific data cluster, population data issues are seen as a cross-cutting issue that applies to all clusters. UNFPA's 2010 Guidelines on Data Issues in Humanitarian Crisis Situations advocate for IASC to define a data cluster in humanitarian settings, and in the meantime suggest the formation of data working groups.

Implementation of Data Component of Humanitarian Programme: The success of the SPAN project, conducted in both a setting of conflict and disaster, offers rich and relevant lessons for when a similar situation occurs in the future either in Indonesia or other countries in the world. UNFPA to facilitate the collaboration between BNPB and BPS through an MoU on provision of Population data for Disaster Management. After the MoU signing between BPS and BNPB, series of activities will be implemented, such as development of National Guideline on Data Issues in Humanitarian Crisis Situation, Development of a Baseline Data and Information system through merging results of the population census and village potential survey, strengthening coordination between all actors working on data for disaster, and other activities in coming years.

Data Warehousing: Indonesia conducts regular censuses every 10 years and the BPS has a regular program of sample surveys to obtain important socioeconomic and demographic data during intercensal period. The UNFPA Humanitarian Programme, as well as the entire UNFPA country programme and the UN agencies in Indonesia, would benefit greatly by technology it becomes feasible to maintain a GIS-based database linking the attribute socioeconomic, demographic, health, and infrastructure information to spatial information. If a disaster strikes, UNFPA would be in a position to quickly obtain data from its own database for immediate evidence-based decision making.

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