COUNTRY REPORT

Indonesia’s Policies and Strategies on Caring Societies for the Socially Vulnerable People Suffering after Natural Disaster

The 10th ASEAN & Japan High Level Officials Meeting on Caring Societies
Tokyo, Japan, 23 – 25 October 2012

MINISTRY OF SOCIAL AFFAIRS
MINISTRY OF HEALTH
MINISTRY OF MANPOWER & TRANSMIGRATION

REPUBLIC OF INDONESIA
Indonesia Country Report

THE 10TH ASEAN & JAPAN HIGH LEVEL OFFICIALS MEETING ON CARING SOCIETIES
TOKYO, JAPAN, 23 – 25 OCTOBER 2012

I. Indonesia’s Three Priorities Recommendations to Follow Up the 9th High Level Officials Meeting on Poverty Alleviation with a Focus on Vulnerable People

A. Follow up recommendations

Amongst 10 Priority recommendations, three priorities have been chosen to be followed up, those are:

1. Identification of challenges and needs of vulnerable communities particularly in the strengthening of human resources for the ability to access health facilities and welfare.
2. Improve collaboration between health, welfare and employment to vulnerable communities.
3. Facilitate a comprehensive approach and active participation of stakeholders in policy, program implementation, monitoring and evaluation.

The implementation of each priority has been divided in two phases:

1. Short-term approach

   a. Held a regular coordination meeting to identify common challenges and needs of vulnerable people and program priorities.
   b. Strengthen collaboration between 3 sectors to implement the activities/program for vulnerable community (ex: Family Hope Program, Revitalization of Posyandu).
   c. Develop CSR model intervention for community empowerment for Posyandu activities, Desa Siaga/alert village, Mother Class Group.
2. Mid-and-long approach
   a. Fulfil the need of health/social workers in health care facilities, especially to narrow the gap in remote areas, borders and outer islands/areas with health problems
   b. Develop integrated programs to address issues on vulnerable community
   c. Sustaining the social assistance programs focus on vulnerable communities (people with disabilities, the elderly, the poor, abandoned children and marginalized communities) in order to get access to basic needs, welfare services and resources to improve their social welfare

   The form of Poverty Alleviation Program that involve in collaboration with three agencies:

1. Labour Insurance (Jampersal) to accelerate the decrease of IMR and MMR through a Baby Delivery Insurance which provision funding for antenatal care, delivery service, and postnatal care including family planning service, pregnancy examination, neonatal care and exclusive breast feeding counselling. The government provided 1.2 trillion IDR to fund JAMPERSAL package in year 2011.

2. Establishment of Indonesian Country Coordination and Facilitation (CCF) on Human Resources for Health (HRH). This year the CCF Mechanism has been expanded to the provincial and district level.

3. Coordination with stakeholder to improve implementation of Hope Family Program (PKH/Program Keluarga Harapan), Community Base Rehabilitation and Children Social Welfare Program especially for disabled children and children with stunting problem.

4. Health insurance system to achieve the universal health coverage (UHC). It is expected that the coverage will achieve approximately 237 million people.

5. Community-base nutrition recovery program (Pemulihan Gizi Berbasis Masyarakat/ PGBM). The program is intended to help children less than five years with malnutrition.
6. MoH conducted an updated research i.e. the Basic Health Research (Riskesdas) in year 2010, with aims to evaluate the achievement of the health development, to find the public health problems, and to provide materials for health development planning.

B. Progress on Good Practices in Indonesia related to theme of the 9th High Level Officials Meeting

1. Capacity building of services providers in health sectors
   a. Special task program aims to reduce the gap of health care facilities which has not been fulfilled by health workers.
   b. Implementing contracted doctor program.

2. Promote vacancies for vulnerable people
   a. Empowerment Program for Vulnerable Labour (Persons with Disabilities, Elderly, Youth, and Women) through Training by involving Private Sectors and NGOs.
   b. Award for Companies that Employ labours with disability (at least 1% of their workers).
   c. Job Fair for Disabled Labours (September 2012).

II. Indonesia’s Policies and Strategies on Disaster Management Related to Social Security

A. Introduction

   Indonesia is an archipelagic nation extending 5,120 kilometres from east to west and 1,760 kilometres from north to south. It encompasses an estimated 17,508 islands, only 6,000 of which are inhabited. The country has five main islands; Sumatra, Java, Borneo (known as "Kalimantan" in Indonesia), Sulawesi and Papua; two major archipelagos (the Nusa Tenggara Islands and the Moluccas Islands); and sixty smaller archipelagos. Indonesia is located in the Pacific Ring of Fire, it is consisted of many active volcanoes that are considerably most active in
the world (Indonesia has 500 volcanoes in which 129 are categorised as active volcanoes).

Indonesia also has four major tectonic plates that are thrusting into each other, i.e. the Eurasian plate that moves south-eastward with a speed of 0.4 cm per year, the Indo-Australian plate that moves northward with a speed of 7 cm per year, the Pacific plate that moves westward with a speed of 11 cm per year and the Philippines plate that moves north-westward with a speed of 8 cm per year. This condition makes the country prone to earthquake hazard. An earthquake that occurs in the sea may trigger a tsunami threat, so in this case Indonesia is also prone to tsunami (about 7,800 villages are categorised as prone to tsunami). Another fact is that Indonesia has 5,950 rivers in which 600 of those rivers are categorised as potential to flood. Indonesia also has 521 districts or cities in which 154 of it are categorised as flood-prone and 153 as drought-prone areas. Data about catastrophic and disaster in Indonesia can be seen on table 1 and 2.

Table 1
Catastrophic in Indonesia

<table>
<thead>
<tr>
<th>No.</th>
<th>Date</th>
<th>Disaster</th>
<th>Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1815</td>
<td>Mt Tambora eruption</td>
<td>92,000 people died</td>
</tr>
<tr>
<td>2.</td>
<td>19 May 1919</td>
<td>Mt Kelud - East Java eruption</td>
<td>5,115 people died</td>
</tr>
<tr>
<td>3.</td>
<td>26 August 1883</td>
<td>Mt Krakatau - Banten eruption</td>
<td>36,417 people died</td>
</tr>
<tr>
<td>4.</td>
<td>12 December 1992</td>
<td>Ende Flores - NTT earthquake and tsunami</td>
<td>2,100 people died</td>
</tr>
<tr>
<td>5.</td>
<td>26 December 2004</td>
<td>Aceh and Nias earthquake and tsunami</td>
<td>227,898 people died</td>
</tr>
<tr>
<td>6.</td>
<td>27 May 2006</td>
<td>Yogyakarta earthquake</td>
<td>6,234 people died</td>
</tr>
<tr>
<td>7.</td>
<td>October 2008</td>
<td>Padang - West Sumatra earthquake</td>
<td>120 people died</td>
</tr>
<tr>
<td>8.</td>
<td>25 October 2010</td>
<td>Mentawai Island earthquake and tsunami</td>
<td>509 people died</td>
</tr>
<tr>
<td>9.</td>
<td>26 October - 5 November 2010</td>
<td>Mt Merapi - Yogyakarta eruption</td>
<td>354 people died</td>
</tr>
</tbody>
</table>
Indonesia spans 5,120 km and is spread across an archipelago of more than 17,508 islands. It is home to over 240 million people, making it the world’s fourth largest country by population. It also has a huge diversity of ethnic peoples, speaking more than 300 different local languages. In this context, Indonesia is also vulnerable for social conflict.

Table 2
Disaster in Indonesia 2009 - 2011

<table>
<thead>
<tr>
<th>No.</th>
<th>Type</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Disasters</td>
<td>1,675 cases</td>
<td>644 cases</td>
<td>1,545 cases</td>
</tr>
<tr>
<td>2.</td>
<td>Died Victims</td>
<td>2,620 people</td>
<td>1,711 people</td>
<td>940 people</td>
</tr>
<tr>
<td>3.</td>
<td>Suffered Victims</td>
<td>5,500,000 people</td>
<td>1,398,923 people</td>
<td>294,124 people</td>
</tr>
<tr>
<td>4.</td>
<td>Damaged Houses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Severely damaged</td>
<td>19,324 units</td>
<td>14,693 units</td>
<td>14,935 units</td>
</tr>
<tr>
<td></td>
<td>- Moderate damaged</td>
<td>9,480 units</td>
<td>2,830 units</td>
<td>3,300 units</td>
</tr>
<tr>
<td></td>
<td>- Slightly damaged</td>
<td>13,713 units</td>
<td>25,030 units</td>
<td>3,676 units</td>
</tr>
</tbody>
</table>

B. Legal Basis

The Indonesian Government has strong commitment to build disaster resilient nation and communities. It can be clearly seen by several laws and regulation that has been released as follows:

1. Act No.13, 2003 on Manpower
2. Act No. 24, 2007 on Disaster Management
3. Act No. 11, 2009 on Social Welfare
4. Act No. 36, 2009 on Health
5. Act No. 13, 2011 on Poverty Alleviation
6. Presidential Regulation No. 8, 2008 about National Disaster Management Board (BNPB)
C. Disaster Management in Indonesia

Based on the National Disaster Management System, there are three main activities that need to be considered as follows:

1. Before disaster
   In this phase, coordination is directed in terms of prevention, mitigation and preparedness. Each sector or ministry can be a coordinator for each relevant issue.

2. During disaster
   In this phase, coordination is directed in terms of emergency response. All sectors or ministries are under coordination of BNPB.

3. After disaster
   In this phase, coordination is directed in terms of recovery. Each sector or ministry can be a coordinator for each relevant issue.

Regarding the, the Ministry of Social Affairs has responsibilities in providing food supplies, mitigation and preparedness whilst the Ministry of Health has responsibilities in providing health care, medicines and health workers. Based on the National Disaster Management Planning, the Ministry of Man Power and Transmigration has responsibilities in sending the victims of disaster to safety locations and providing vocational training for them.

D. The Policy of Ministry of Social Affairs for Social Security

To ensure the social security for victims of disaster, the policy of the Ministry of Social Affairs as follows:

1. Ensuring protection and social security systems to victims who require special protection, i.e. the vulnerable group and the poor.

2. Conducting comprehensive, synergistic and integrated redistribution, to meet the basic and social rights of the victims who need special protection and social security.

3. Optimising the management and utilisation of the social sources of public funding to support the implementation of social welfare by the community.
E. Programs and Activities of Ministry of Social Affairs

These are the programs and activities conducted by the Ministry of Social Affairs related to disaster management:

1. Preparedness and Mitigation
   a. Capacity building TAGANA, TRC, Social Work, etc.
   b. Developing Community Based DM (KSB).
   c. Building Logistic system.

2. Emergency Response
   a. Activating all disaster management networking system.
   b. Mobilizing resources.

3. Social Recovery
   a. Providing Houses.
   b. Enhancing Social Functions.

F. Programs and Activities of Ministry of Health

The programs and activities of Ministry of Health related to the disaster management as follows:

1. Preparedness and mitigation
   a. Capacity building team.
   b. Dissemination and simulation to communities.
   c. Developing infrastructure of health in eight regional areas.

2. Emergency Response
   a. Activated all disaster management networking system.
   b. Mobilizing resources.

3. Social Recovery
   a. Providing health care services (physical and mental).
   b. Preventing contagious diseases in IDPs camps.
   c. Providing supplementary food.
G. Programs and Activities Ministry of Manpower & Transmigration

1. Sending/providing Mobile Training Unit (MTU) to the disaster areas for training the victims. The training purposed to equip them with the skills for rebuild their houses, such as in the field of construction, electricity, and woodcraft (short term).

2. Providing up grading skills training for the victims in the disaster areas by utilizing the nearest location of Vocational Training Centre (VTC) or MTU. The training aimed at encouraging them to be self-employed by using their skills gained from the training (mid/long term).

H. Lesson Learned

In 2010, Indonesia has successfully managed the victims of Mt Merapi eruption in Yogyakarta. In that time, the disaster had made 354 people dead, 240 people injured and 47,486 IDPs suffered. However, due to the experiences in the past and good coordination under BNPB, Indonesian government had provided temporary shelters for 2,613 families. Some vulnerable groups like children also had received special services through children centres (Pondok Ceria Anak). The Ministry of Social Affairs and Ministry of Health had important roles as follows:

1. Roles of the Ministry of Social Affairs
   a. Providing social security (Jadup).
   b. Providing temporary shelter for IDPs.
   c. Providing psycho-social activities and trauma centres.
   d. Providing social supports as a stimulant to start a small/creative business (UEP).
   e. Providing social services for very vulnerable groups such as children, elderly and persons with disabilities.

2. Roles of the Ministry of Health
   a. Providing free health services through mobile community health centres (puskesmas) near disaster areas (IDPs camps).
   b. Providing medicines for victims/medical logistic.
c. Providing nutrition supports for pregnant mothers and babies under 5 years old.
d. Providing special services for victims with mental health problems.
e. Maintaining public health and preventing contagious diseases.
f. Providing education material on healthy life behaviour in disaster area.

3. Roles of the Ministry of Manpower & Transmigration
   This Ministry concerns on empowering victims of disaster by providing skills to rebuild their houses.

I. Challenges

   Although Indonesian Government has many experiences in disaster management thorough these years, there are still some challenges which are need to be considered in the future as follows:

1. Minimise the risks of disaster through contingency plan, strengthening preparedness and mitigation system in disaster-prone areas.
2. Ensure the security of victims’ lives and their property.
3. Provide the services for vulnerable groups who have special needs.
4. Synergise the programs of the Ministry of Social Affairs and the Ministry of Health to enhance the quality of services in the future.
5. Cultural constrains (most of the local community who live in the prone disaster areas do not want or difficult to move to the safe areas as suggested by the government. They believe that the land is part of the heritage which should be protected).
6. Human resources competency at the local level (referring to the national policy, the local community should be the front line in disaster management; however, since their competency are limited, it will certainly affect to the disaster handling quality.
7. Regulations concerning the disaster management.
J. Recommendations

1. Developing contingency plan, strengthening preparedness and mitigation system in disaster-prone areas.

2. Reviewing or revising an appropriate regulation framework on the disaster management.

3. Strengthening socialisation, simulation, and capacity building program on disaster management.

4. Expanding the establishment of Local Disaster Management Board (it should be an obligation for every province to have the said Board, considering currently only 18 Local Disaster Board Management Board are established).

5. Enhancing the community involvement as the front liner.

6. Developing communication system and media centre.

7. Utilizing and involving the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) for strengthening the cooperation between ASEAN and Japan.