

**Indonesia Trip Report  
Secondment of Specialist on Older Persons  
HelpAge/PCWG/UNHCR Geneva, Switzerland  
5 August – 5 September 2008**

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*I have many children, but no one to take care of me. I want to eat spicy rice, but I have no money. **Pak Sarkim– aged 73, Jakarta***

## ACRONYMS

<b>AGDM</b>	Age, Gender, and Diversity Mainstreaming
<b>FGD</b>	Focus Group Discussion
<b>HAI</b>	HelpAge International
<b>IASC</b>	Inter Agency Standing Committee
<b>INGO</b>	International non Governmental Organisation
<b>NGO</b>	Non Governmental Organisation
<b>OPA/OPC</b>	Older Persons' Associations/Older Persons' Committees
<b>PC</b>	Protection Cluster in Indonesia
<b>PCWG</b>	Protection Cluster Working Group
<b>RI</b>	Government of the Republic of Indonesia
<b>SATKORLAK</b>	Provincial Coordination Units for Disaster Management
<b>SATLAK</b>	District Coordination Units for Disaster Management
<b>SSI</b>	Semi Structured Interview
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	United Nations High Commission for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>YEL</b>	Yayasan Emong Lansia (HelpAge Indonesia)

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## 1. Background

Indonesia provides a substantial humanitarian challenge for the implementation of coordinated, comprehensive and cross-cutting response to any sudden onset emergency or natural disaster. The archipelago itself is geographically enormous, and houses roughly 237 million people on 17,508 islands. It has six official religions: Islam (86.1%), Protestant Christianity (5.7%), Roman Catholicism (3%), Hinduism (1.8%), Buddhism (3.4%)<sup>1</sup> and Confucianism<sup>2</sup>. Indonesia further represents a diverse and varied tribal/ethnic background. While Bahasa Indonesia is the only official language in Indonesia, more than 740 languages and local dialects are spoken throughout the archipelago. In rural regions and areas where older persons did not receive formal education as children, Bahasa Indonesia is really only a *lingua franca* for the generations aged less than 50 years.

In terms of natural disaster potential, the archipelago is prone to recurrent seismic upheaval due to its arc of volcanoes and fault lines encircling the Pacific basin. *The southern and western islands (Java, Sumatra, etc.) are exposed to the largest number of hazards and have high risk levels for droughts, earthquakes, floods, landslides, and volcanoes. The geophysical hazards are confined to the mountainous regions of the islands while droughts and floods affect larger areas. On other islands, droughts are the most widespread hazard, though landslides, floods, and earthquakes affect selected regions*<sup>3</sup>.

In addition to recurrent natural hazards, Indonesia is beset with rising food, particularly rice, and fuel prices. Potential public health issues further complicate emergency response and include recent outbreaks of cholera in two districts of Papua as well as national incidences of avian influenza.

In recent years, the Government of the Republic of Indonesia (RI) has taken some significant steps forward in its efforts to increase domestic capacity for emergency response. Among the most important of these was the passing of the new Law on Disaster Management<sup>4</sup> and the establishment of a high-level National Disaster Management Agency imbued with clear authority to lead and coordinate all disaster preparedness and response activities. While these are important first steps, the disaster preparedness and response environment in Indonesia remains complex, due to a proliferation of actors, a history of weak Government led response and coordination, and extraordinary logistical challenges stemming from the sheer size and complexity of the nation and her people.

## 2. Purpose

The purpose of the Indonesia mission was in part to fulfil the general terms of reference for the HelpAge International/UNHCR secondment to provide support to the global Protection Cluster Working Group (PCWG) and in part to provide targeted technical

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<sup>1</sup> Figures as of the 2000 Census.

<sup>2</sup> Confucianism was not included in this census as it was re-recognized as a religion in Indonesia only in 2006.

<sup>3</sup> Center for Hazards and Risk Research at Columbia University, New York, <http://www.ldeo.columbia.edu/chrr/research/profiles/indonesia.html>, 2005.

<sup>4</sup> Law of the Republic of Indonesia No. 24 of 2007 concerning Disaster Management (*Bahasa Indonesia original and English translation*) [http://www.bakornaspb.go.id/website/index.php?option=com\\_content&task=view&id=104&Itemid=140](http://www.bakornaspb.go.id/website/index.php?option=com_content&task=view&id=104&Itemid=140)

support to the Protection Cluster in Indonesia on ageing issues, which were previously identified as being an area of weakness.

At the global level, the HelpAge International/UNHCR secondment seeks to advance the mainstreaming of the rights, contributions, and specific needs of older persons into the work of the PCWG and to provide recommendations and guidance at both the global level and country level to that end. Global support with integrating ageing issues for UNHCR is through Age, Gender and Diversity Mainstreaming activities (AGDM) which seek to ensure that all UNHCR staff base their protection and programme planning, design, implementation, monitoring and follow up action on participatory assessment with people of all ages using a rights and community based approach.

In Indonesia, the mission was initiated and hosted by UNICEF, as the lead agency for the Protection Cluster. This is in accordance with the Humanitarian Reform agreements established by the IASC on cluster leadership, which state that UNICEF may assume responsibility for the full Protection Cluster in countries where the country-level IASC determines this to be appropriate, particularly in situations of natural disaster.

The mission intended to contribute towards accomplishing the overall goal and responsibility of the PC and other disaster response actors to ensure that articulated concerns of older persons in Indonesia are met during natural disasters, social disasters and other emergency situations. In addition, the mission aimed to raise the awareness of older people's concerns, and contributions, during emergencies in order to ensure that all older persons are active participants in their own process of achieving durable solutions by helping stakeholders, including older persons themselves, to build the capacity of older people to protect, claim and exercise their human rights.

The specific objectives of this trip were to:

- Raise awareness of and develop responses to older persons' protection issues among the PC, other clusters and the larger humanitarian community (including donors, civil society and the RI)
- Identify and document with interagency field teams, communities, and older persons themselves the main protection gaps and needs of older persons during natural disaster emergencies
- Identify, document and briefly assess the protection responses that have been employed during previous humanitarian responses (particularly the 2004 Tsunami and the 2006 Yogyakarta<sup>5</sup> earthquake)
- Conduct an initial mapping of who is doing what where for older persons in Indonesia
- Provide technical direction to support the design and implementation of capacity building projects aimed to fill protection gaps for older persons during emergencies
- Provide participatory training on identifying specific protection needs and gaps of older persons, ensuring effective gender and diversity analysis, for the PC, other clusters, civil society and the Government of Indonesia

A complete copy of the terms of reference is available in Appendix One.

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<sup>5</sup> Note that Yogyakarta is spelled in two ways: Yogyakarta and Jogjakarta. Both spellings refer to the same location in Central Java, however only the official spelling will be use in this report.

### 3. Problem Statement

Data from UNDESA<sup>6</sup> indicates that the Indonesian population is both getting older and living longer. In 2006, 8% or roughly 19 million Indonesians were aged sixty or older. By 2050, that number will increase to well over 67 million and account for roughly 24% of the population. The oldest old, those aged 80 and above, will also measurably increase in number, moving from comprising 7% of the population in 2006 to 14% in 2050. In some regions, the ageing population is even more numerous. In Yogyakarta, for example, the RI statistics estimate the over 60 population to be 12% of the total population. Field visits carried out as part of this mission visited communities with over 60 populations well above that. A 2006 needs assessment for older persons found that in the rural, mountainous earthquake affected areas of Yogyakarta, some areas hosted older populations of between 15-30%<sup>7</sup> of the total population. Similar incidences of higher than average numbers of over 60s were also found in the highland regions of Flores. In both cases, this is due in large part to economic outmigration by middle generation adults.

In rural and peri-urban areas of Indonesia, many adult children have migrated to distant locations to procure cash incomes. In Yogyakarta and Central Java provinces, older persons noted that their adult children had out-migrated to locations as diverse as Sumatra, Yogyakarta city, and Jakarta. In Flores, adult children typically spent a portion of their early adult life working in locations from Java to Kalimantan to Malaysia. Work for men focused on agricultural and logging endeavours as well as working in palm oil factories; young women most commonly worked as domestic helpers. In virtually all cases across the archipelago, adult children left grandchildren in the care of their grandparents while they sought paid remuneration.

While the median age of Indonesians is only 27, those Indonesian adults who celebrated their 60<sup>th</sup> birthdays in 2006 could expect to live an additional 16 years for men and 18 for women.

The gender imbalance inherent in ageing increases the social and economic burdens for older Indonesian women. 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 a 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<sup>8</sup>. 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.

In Indonesia, legislation protecting older persons exists,<sup>9</sup> however abuses of older people are common albeit un- and under-reported. A recent survey by the Department of Social Affairs (*Departemen Sosial RI*, or DEPSOS) on Elder Abuse surveyed 511 older people from 10 provinces. Respondents noted a high level of neglect, abuse and psychological ill health: 18% cite experiences of physical abuse; 56% note

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<sup>6</sup> UN DESA, *Ageing wall chart*, 2006.

<sup>7</sup> Personal communication and examination of needs assessment data from December 2006, Hepi Hapsoro YEL Yogyakarta, August 13-16, 2008.

<sup>8</sup> UN DESA, *Ageing wall chart*, 2006.

<sup>9</sup> Law of the Republic of Indonesia No. 13 Year 1998 on the Welfare of Older Persons.

psychological and/or emotional abuse; 24% said that they were forced to work or forced to give money/income to others<sup>10</sup>.

Research 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<sup>11,12</sup>. International humanitarian agencies often incorrectly assume that older persons will be covered by a specialised agency focusing on older persons or through general umbrella responses for vulnerable persons, or will be supported by traditional mechanisms within the context of extended family and community. However, few NGOs include older persons in their responses even within the category of persons with special needs, and there is no UN agency dedicated explicitly to addressing older persons' issues.

Natural disasters do not necessarily cause the erosion of community social support systems, leaving older persons unprotected by traditional cultural mechanisms, as conflict situations do. However, natural disasters do stretch family coping mechanisms to their limits due to reduced economic and livelihoods capacity, displacement of family members, and the negative psychosocial effects resulting from the disaster. As a result, families are often not able to effectively address the protection concerns of their older members in the aftermath of any emergency.

Evidence further indicates that planners and humanitarian agencies overlook older people's basic needs requirements resulting in older persons having difficulty accessing services as well as having limited if any participation in planning response and rehabilitation activities that directly impact upon them<sup>13</sup>.

In response to the 2006 Yogyakarta earthquake, members of the Protection Cluster noted that: *there were few organizations with expertise to work on protection issues concerning the elderly, and this was noted as a gap even within the cluster*<sup>14</sup>. To address the gap in ensuring the protection of older persons in emergencies, humanitarian agencies need to include older persons into response in a holistic fashion and *ensure that the needs of older persons are built into the initial analysis, planning and implementation of relief responses rather than have them ignored at that stage, and responded to retrospectively as part of an ever broadening 'vulnerable' group*<sup>15</sup>.

## 4. Methodology

The mission involved five weeks in Indonesia which included field visits to four disaster prone areas of Indonesia: Yogyakarta; Jakarta; Padang, West Sumatra; and Flores island in Nusa Tenggara Timur (*East Nusa Tenggara* in English, or NTT) province. Field visit locations were selected according to propensity for natural disaster, availability of a local partner to host, and variation in culture, religion, language, geography and population-density. This diversity in the selection sample was necessary to ensure that

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<sup>10</sup> Cited in YEL Newsletter *Gerbang Lansia*, 2008, p11.

<sup>11</sup> Bramucci, Gina and Susan Erb, International Federation of Ageing, Global Ageing: Issues and Action, *Ageing Africa* vol. 4, No 3, *An Invisible Population: Displaced Older People in Darfur*, 2007.

<sup>12</sup> IASC and HelpAge International, *Strong and Fragile: Learning from older people in emergencies*, November 2007.

<sup>13</sup> Consultant's experience in Northern Uganda 2008, Ethiopia, Kenya and Zimbabwe 2006, and Darfur 2005.

<sup>14</sup> UN Coordination Center for Yogyakarta and Central Java and the Office of the Resident/Humanitarian Coordinator in Indonesia, *The Humanitarian Cluster Response to the JAVA Earthquake, 2006-2007, One Year Review*, July 2006, p23.

<sup>15</sup> IASC and HelpAge International, *Strong and Fragile: Learning from older people in emergencies*, November 2007, p2.

findings from the mission would not be unknowingly applicable to only one people group in Indonesia.

A full schedule of activities is delineated in Appendix Two. In each location, visits were made to a range of sites including individual affected households, formal and informal community centres/gathering places, the homes of village leaders, and wherever possible to government, NGO, and INGO service providers. An assessment of available services in locations was made through observation, discussions with village leaders, local service providers, and older persons themselves.

In addition, a brief desk review of documentation from UN agencies and NGOs was undertaken to both better understand previous emergencies responses as well as confirm (and compare with) information gathered during field visits.

#### **4.1. Focus Group Discussions**

Field visit methodology was participatory in nature and included use of focus group discussions (FGD) with community members and separate and combined groups of older men and women. The primary purpose of the FGDs was to gain an understanding of the needs and priorities older persons experience when facing natural disasters as well as a better understanding of the general needs of older persons and identifying older men's and women's unique contributions to their households and communities.

Each focus group discussion concluded with a chance for participants to ask questions both to the host organisation and the consultant. Finally, the host organisation, where possible, provided feedback on practical programmatic impact of these discussions would/might be. It is interesting to note that generally, participants had far fewer questions than their counterparts in Uganda (and other parts of Africa).

FGDs followed a consistent format and lasted between one and two hours. Throughout the mission, there was evidence of challenges in carrying out fully participatory FGDs. Firstly, older women were often hesitant to speak in mixed gender groups. This was especially noticeable in Yogyakarta where there was one mixed gender FGD and another mixed age group including both older women and younger women. As a result, and wherever possible, the consultant carried out additional semi-structured interviews in order to confirm input and comments made during FGDs and ensure that older women's perspectives were accurately compiled and included.

In both Yogyakarta and throughout Flores, many older persons spoke neither English nor Bahasa Indonesia. Thus, FGDs often involved three levels of translation (English to Bahasa Indonesia to local language of older persons). In order to confirm information gleaned during these FGDs, data was double checked through semi structured interviews and stakeholder interviews.

During the mission, a total of nine FGDs were held and included input from over 200 older persons and 20 home based carers. For all FGD participants (except those carried out in locations where HelpAge Indonesia/YEL is active), it was the first time that anyone from INGOs, NGOs or the RI had given them the opportunity to share their experiences and concerns as older people.

#### **4.2. Semi Structured Interviews**

As noted above, field visits also included interviews with housebound and mobile older persons. Semi structured interviews were jointly selected from host organisation's knowledge of housebound older persons in individual locations along with community recommendations of who we might visit. The SSIs were then carried out as short structured discussions with the identified older person.

The interviews sought to explore the family status of the individual, their regular day to day activities, their experience and needs during recent disasters, and their anticipated priority needs in light of future natural disasters. Home visits also provided the opportunity to explore the conditions that the older persons are living in, observe their shelter and access to basic services, and especially understand what systems of social support by family and neighbours was in evidence.

In Yogyakarta, SSIs probed older persons' experiences of the 2006 earthquake, their needs afterwards and their recollection of what services were provided after the quake. We also spoke with family members and neighbours to explore household needs and the process of rebuilding. In Yogyakarta, 27 SSIs were held. In Jakarta, four SSIs were held with older flood affected persons who spoke of their experiences during and after the January/February 2007 and January/February 2008 flooding. In Padang, 10 SSIs were carried out in Gaung and another eight in Ujing Padan focusing on older persons' perspective of needs, contributions and priorities in relation to earthquakes. In Flores, 21 SSIs were carried out in three locations with older people affected by typhoon, earthquake and the 1992 tsunami. During the mission, a total of 70 semi structured interviews with carried out with older persons.

Additional data from 60 SSIs carried out in December 2006 by YEL in Yogyakarta as part of a post-earthquake needs assessment were also included in the overall analysis.

As with FGDs, it is important to note that the depth and quality of SSIs in various locations was compromised on occasion by the quality and sensitivity of translation. In Padang and Yogyakarta, translations were carried out by men in their early 20s (who had been educated in English). As a result, it was culturally inappropriate to probe more sensitive issues with older women, in particular. In Padang, this was especially problematic. In Jakarta, the translation was carried out by older women well known to the community and even though fewer SSIs were carried out, the depth of information was more sensitively and respectfully gathered. In Flores, the translator was an ex-UNICEF employee and so while not *au fait* with ageing issues, showed measurable sensitivity and inclusion in his translation efforts.

### **4.3. Stakeholder Meetings**

Meetings were also held with a range of humanitarian stakeholders (INGOs, UN agencies, and local government officials) and Protection Cluster and sub-cluster members in Jakarta and field locations (contact details of stakeholders are noted in Appendix Three).

In order to introduce the mission and brief PC members at the national level, UNICEF facilitated the opportunity for the consultant to brief the wider humanitarian community at the UN/NGO/Red Cross/Donor Coordination meeting on 7<sup>th</sup> August. Stakeholder meetings were held with partners, including: OCHA; UNICEF; YEL Jakarta; YEL Yogyakarta; Muhammadiyah in Jakarta, Yogyakarta, and Padang; Nahdlatul Ulama (NU); ICMC; and the Indonesian Red Cross (*Palang Merah Indonesia*, or PMI) in both

Jakarta and Flores. Additional meetings were held with local government including the Dinas Sosial<sup>16</sup> in Flores and Jakarta, the Flores offices of the District Planning Board (BAPPEDA Badan Perencana Pembangunan Daerah) Kabupaten Sikka), the Department of Social Services for Children, Widows/ Widowers, and Youth (Dinas Sosial Kabupaten Sikka) and the Department of Aid to Disaster Victims (SATKORLAK), and with child focused agencies in Flores including Plan International, the Christian Children's Fund and World Vision Indonesia. A debriefing with UNICEF and OCHA was held in Jakarta following the field visits.

A week was spent analysing data, preparing final presentations, and putting conclusions into report form. A debriefing and update with HelpAge International staff in London is planned for autumn 2008. Additional debriefings with Geneva based UNHCR staff and Protection Cluster members were held on the 1<sup>st</sup> and 2<sup>nd</sup> of October 2008.

#### **4.4. Training workshop**

A one day training workshop was initially planned for 2<sup>nd</sup> September with the intention of encouraging participants to start to think about older persons, consider what their particular protection needs and vulnerabilities might be as well as exploring what makes certain older persons unique among persons with special needs. The workshop was intended to help participants consider what contributions older persons bring to their households and communities. A brief introduction to older persons' rights through an overview of current UN and international policy and international humanitarian law was also to be covered as part of the training.

However, this planned outcome, *to provide participatory training on identifying specific protection needs and gaps of older persons, ensuring effective gender and diversity analysis, for the PC, other clusters, civil society and the Government of Indonesia*<sup>17</sup>, as outlined in the TOR was removed from the mission plan. This change of plans was due to a variety of reasons, including the concern that many key PC and partner staff would not be available (due to a heavy training and workshop schedule planned for August to take advantage of the last few weeks before Ramadan began on 1<sup>st</sup> September) and the shared decision by UNICEF and the consultant to focus on participatory field work.

A follow up mission to Indonesia in 2009 would benefit from a rescheduling of the workshop to include participants from the PC, UN agencies, NGOs, INGOs and local government<sup>18</sup>.

#### **4.5. Mapping**

One planned outcome of the mission was to conduct an initial mapping of who is doing what where for older persons in Indonesia. Initial discussions with NGOs, INGOs and UN agencies indicated that no international agencies were targeting older persons specifically. The exception to this was ICMC who had had one project in Aceh prior to the Tsunami running a livelihoods programme for conflict affected widows. Other interventions by international humanitarian players included older persons from time to time, but only under their umbrella relief and development programming targeting persons with special needs in general.

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<sup>16</sup> Dinas Sosial is the provincial or district level office of the national-level Department of Social Affairs (DEPSOS).

<sup>17</sup> Indonesia Mission TOR, 2008; see Appendix One.

<sup>18</sup> OCHA leadership in Jakarta has already expressed interest in hosting such a follow-on training focused visit.

A meeting with YEL Jakarta alerted the consultant to a government publication identifying 400 Indonesian agencies registered with the Office of Social Affairs which include older persons' issues in their agency activities. The agencies listed in the register do not focus exclusively on ageing issues alone, but it does provide a good overall summary of who locally is doing what where with regard to older persons. The register was first compiled in 2002 and updated in 2004. Organisational activity is broken down by province, district, and city and divided as to whether it is institutional in form or community based. The list can be accessed through the office of Dr Pak Makmur Sunusi, the Director General, and the resource is entitled: *Lanjut Usia Dalam – Data & Informasi*, Directory of Older Person's Organisations.

## **5. Field Locations and Cluster Responses**

As stated in section 4 above, the mission included field visits to four disaster prone areas of Indonesia: Yogyakarta; Jakarta; Padang, West Sumatra; and Flores island in NTT province. Specific field sites selected included:

- Earthquake affected areas of Yogyakarta (Java island), including-both communities that had been included in the humanitarian response and others that had been overlooked in urban, peri-urban, and rural areas
- Flood-affected/prone areas of urban Jakarta (also Java island)
- Earthquake-affected/prone areas of Padang, West Sumatra province (including poor urban and more middle/lower class peri-urban communities)
- Typhoon, tsunami and earthquake-affected/prone areas of Maumere city and Sikka District on Flores island in NTT province (peri-urban and rural areas).

Data from Aceh and the effect of the Tsunami disaster on older people were also reviewed as part of this mission and review. This data is based on HAI's own and partner research undertaken between 2004 and the present. Due to the availability of this data and the time and travel constraints of the short mission, it was jointly decided by both the consultant and UNICEF not to pursue a field visit to Aceh.

The table on the following page provides a comparative analysis of the different contexts presented by each location:

Field location visited/studied:	Yogyakarta	Jakarta	Padang, West Sumatra	Sikka district, Flores, NTT	Aceh (NAD province)
<b>Characteristic:</b>					
<b>Disaster profile, including recent major disasters and major risks</b>	- Earthquake 2006  - Prone to: Earthquakes, landslides, floods	- Floods in 2007 & 2008  - Prone to: flooding, earthquakes, urban disasters	- Earthquake 2007  - Prone to: earthquakes, landslides, floods, tsunami	- Tsunami & earthquake 1992; annual flooding and typhoons  - Prone to: earthquakes, flooding, tsunami, volcano eruptions typhoons	- Tsunami & earthquake 2005  - Prone to: earthquakes, flooding, tsunamis
<b>Population</b>	3.3 million	8.8 million	- 819,740 Padang  - 4.6 million West Sumatra province	- 70,000 Maumere city  - 300,000 Sikka district  - 1.6 million Flores island	4 million
<b>Population density</b>	980 per km <sup>2</sup>	11,316 per km <sup>2</sup>	1,090 per km <sup>2</sup> (Padang)	112 per km <sup>2</sup>	71.7 per km <sup>2</sup>
<b>% of provincial population over age 60 years</b>	13%	5%	8%	7%	6%
<b>Over 60 population by sex</b>	46% male 54% female	50% male 50% female	44% male 56% female	50% male 50% female	46% male 54% female
<b>Ethnicity</b>	97% Javanese	Mixed	Minangkabau	- Sikkinese - Lio - Ata Tana 'Ai	70% Achenese 20% Gayo incl. 3% Javanese
<b>Language</b>	Javanese, especially for older people	Bahasa Indonesia, Javanese, Sundanese	Minangkabau	Sikka, with 3 dialects	Achenese
<b>Religion</b>	91.8% Islam 7.9% Christian 0.2% Hindu 0.1% Buddhist	Mixed	97% Islam 1.4% Catholic 0.8% Protestant 0.1% Hindu 0.6% Buddhist	91% Catholic (Flores island)	98.6% Islam

Additional details on each location, including a more detailed Emergency Profile, Context and Field Visit notes, is included in Appendix 4.

#### Summary of Field Visits

Of the field visits, longer visits were made to Yogyakarta and Flores, of just under a week in both cases. The experiences in both Jakarta and Padang offer more of a

snapshot perspective on what it means to be an older person affected by natural disaster in these locations. Data from Aceh is derived from HAI's experience of responding to the needs of older persons affected by the December 2004 Tsunami.

### **Protection Cluster Responses**

Of the locations visited, the only one in which the PC was formally activated was Yogyakarta, in response to the 2006 earthquake. Some of the disasters mentioned above occurred before the advent of the Cluster Approach – indeed it was the Tsunami response itself, and its large number of actors, that in large part caused the Humanitarian Reform process to come about. Other disasters – such as the 2007 floods in Jakarta – saw the involvement of the humanitarian community and OCHA itself, but did not cause the launching of the Clusters in coordinating a response.

The question of when the Cluster Approach is applied – and when it is not – is one that remains largely unanswered and unclear, particularly for protection partners in Indonesia. Disaster-prone countries such as Indonesia, where the majority of disasters are small or medium-sized disasters, would benefit from a clearer articulation of when (and to what type or size disaster) the Clusters will/should be formally launched and when they will/should not be launched.

The Cluster Approach was used in Yogyakarta in 2006; this was only the second time it had been used globally. As per the standard TOR for protection response in natural disasters, the PC sought to provide a coordinated and cooperative inter agency response to the effects of the quake and *to strengthen and build upon existing protection mechanisms*<sup>19</sup>. However, the majority of the protection actors *were focused upon child protection and psychosocial programmes*<sup>20</sup> and other protection concerns received less programmatic and advocacy attention: *there were few organizations with expertise to work on protection issues concerning the elderly, and this was noted as a gap even within the cluster*<sup>21</sup>.

## **6. Findings**

It is hoped that the combined picture painted from the five locations mentioned above provides a clearer understanding of the types of disasters that have and will affect older persons in Indonesia, as well as provide an analysis of the impact of humanitarian responses on older persons and identifying existing protection gaps for older persons.

### **6.1. Roles and contributions of Older Persons**

In order to better understand both how older persons, their households and communities perceive them, FGD participants and older persons taking part in SSIs were asked what they felt older persons' contributions to the household and the community were. Regardless of whether older persons were in isolated rural villages, peri-urban communities or urban settlements, the responses were near universal and highlighted older people's contributions as follows:

- As caregivers and educators of grandchildren
- Through economic contribution to the household through livelihoods activities
- Through mediation of domestic and community disputes (especially for men)

<sup>19</sup> Protection Cluster, *Terms of Reference - Yogyakarta Earthquake*, 2006, p2.

<sup>20</sup> UN Coordination Center for Yogyakarta and Central Java and the Office of the Resident/Humanitarian Coordinator in Indonesia, *The Humanitarian Cluster Response to the JAVA Earthquake, 2006-2007, One Year Review*, July 2006, p21.

<sup>21</sup> *Ibid*, p23.

- Through household maintenance (especially for women)
- As keepers of knowledge and information.

Grandparents' active participation as primary **caregivers** of their adult children's children was reported by older persons throughout all locations in Java, Sumatra and Flores. All but two of the 270 older interview and FGD respondents noted that at some point in at least one of their adult children's lives, the adult children would leave the village to work outside, leaving their children with their grandparents. The two older people who did not acting as primary carers were a Flores based priest and nun respectively. In many cases, this economic outmigration demanded relocation to different islands or at the least larger cities in Java or Sumatra. Some younger men and women travel as far away as Malaysia to work in factories, on plantations and as domestic help. This economic out-migration and ensuing caregiving responsibilities are expected is expected. As one older man in Flores noted, *it is normal for our children to leave and for us to care for the grandchildren.*

Responsibilities for care giving are varied and focus on the development of grandchildren's physical, mental, economic, and religious health. As one older man in Flores noted, *we must encourage them to go to school and to do well.* An older woman in Padang also noted, *we teach children good behaviour.*

Beyond caregiving, older persons were observed to hold a specific and recognised role in carrying out **livelihoods** activities and were both expected to and did contribute to household support through economic contributions. Livelihoods activities were diverse in nature and included farming and construction (in Flores and Yogyakarta), fishing (in all locations), small trading usually at kiosks in marketplaces or by the side of the road (more commonly noted for women, but evident in all locations), handicraft production (basket making in Yogyakarta by both men and women, and *ikat* weaving in Flores for women), and caring for domestic animals (men – everywhere). An older woman from Yogyakarta, for example, noted that one of her primary jobs is to *teach her grandchildren to do handicraft work.*

Field visits indicated that older Indonesians are economically active virtually until their death; even many housebound, mobility challenged 'oldest old' persons (aged 80+) engage in small trading and handicraft work. Research carried in Yogyakarta in December 2006<sup>22</sup> confirmed these findings. The research indicated that only 8% of persons aged between 60 to 100 years, interviewed from 10 communities in the earthquake affected zone, were not active. The majority were occupied full time in various livelihoods pursuits: 42% were engaged in farming; 27% in construction; 17% in handicrafts; 3% in small trading; 2% provided massage; and 2% were paid caregivers in a local nursery. Of the 8%, most experienced severe physical disabilities which would limit their ability to engage in economic activities.

FGD participants in Flores also emphasized that older men, in particular, play an important role as **mediators** of domestic disputes. When younger members of the family quarrel, it is the grandfather's responsibility to address and solve the problem. Older men also have a role in the mediation of community disputes, particularly those involving land usage, demarcation and ownership. In Maumere (Flores), FGD

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<sup>22</sup> Research done in Yogyakarta by Hepi Hapsoro (Yogyakarta YEL Coordinator) December 2006 concerning 60 earthquake affected older people from 10 communities in Yogyakarta Province.

respondents agreed that *older people have lots of experience and the community members know and trust the ability of older people to make a good decision.*

One primary responsibility for older women is to help with **household maintenance**. This includes cooking for grandchildren as well as the extended household as a whole. They are involved in cleaning as washing as well as providing support and help for daughters and daughters-in-law. Women also reported that they engaged in massage and other traditional health treatments for other older neighbours and children (this was particularly noted in Yogyakarta). However, at no point did older FGD and SSI respondents identify older women as being engaged in health support/education or as TBAs. (Although, it is important to note that two different INGOs in Flores stated that one role for older women was as TBAs; it is worth exploring this further and in particular the potential role of UNFPA and the inclusion of older women in home based health care initiatives.)

Finally, older persons are looked to as **keepers of traditional knowledge**. In Flores, community members mentioned that older persons knew how to prepare for natural disasters, engage in community based disaster risk reduction activities, and it was the older persons who taught new generations how to recognise early warning signs and what steps need to be taken to protect the family and household assets. For example, older men and women in two highland communities in Flores noted that while there is normally no warning for earthquakes, typhoons can be anticipated and prepared for. *First the sun and sky go red and the clouds race by very fast, they said. When this happens, we know that the typhoon will come within 3 to 7 days. In order to prepare, we collect big stones which we hang from our roofs in order to secure them from being blown away; we also put extra bars across the roofs for reinforcement. Finally, we close the schools so that our children are close by and can be kept safe.*

## **6.2. Priority Needs**

Older people speaking about their experiences following natural disasters noted that their overall experience of (multi-agency and Government response) was one of being overlooked. In Yogyakarta, older people stated that (in response to the 2006 quake) they did not have the physical or emotional energy *to fight for access to services*. Other older earthquake victims also said that they *didn't know about services or were not aware that outside people were helping*. In Padang, older people asserted that when some outside assistance eventually came, it was only minimal support through local government and they felt it came two months too late. In all locations, the consultant observed a measurable level of passive acceptance by older people that what will be will be and an expectation that agencies will not include older people by definition.

The initial priority that older disaster affected persons cited was first and foremost to escape injury during the event. Then once they and their families were safe, or at least accounted for, older people emphasised that their primary desire was to return to normalcy. The individual step by step processes for achieving normalcy varied minimally between and within locations. Overall, though, older people agreed that the quickest way to do this was to *revitalise livelihoods opportunities*. While older people did not use the term *psycho social health*, there was a near universal articulated focus on the need to alleviate trauma, fear and anxiety. They stated that this was most effectively achieved through improved livelihoods security and family safety.

At the same time, older persons outlined that there were certain barriers challenging this ability to return to normalcy. These included meeting basic needs through the provision of:

- Food (and water)
- Shelter
- Non-Food Items (NFIs) – clothes, blankets, and HH equipment
- Information, including replacement of documentation.

These priorities were echoed by 500 older people interviewed in Yogyakarta in December 2006 who cited priority concerns as being: shelter, food (and water) and NFIs, including lamps/kerosene, blankets, and household items.

### 6.2.1. Livelihoods

As noted above, the desire to revitalise livelihoods activities and markets was noted as being paramount for older people. Livelihoods activities were often seen as encompassing two aspects: access to materials and access to markets. For example, older people in rural Tangkil village in Yogyakarta emphasised that there were two aspects to rebuilding their handicraft work following the 2006 earthquake. Firstly, they stated that they had to locate both bamboo and basic materials (such as old newspapers) in order to make the woven handicraft items, mainly baskets; the environmental degradation caused by the quake meant that the grasses needed for basket making were difficult to resource. At the same time, older people were dependent on their middle man to access markets where he could sell the handicraft items on their behalf. Because the intermediary market had been upset by the earthquake, older people were unable to sell their goods and use the profits to purchase basic foodstuffs (including water). This was stated as being a major barrier in achieving a return to normalcy. In addition, it increased the vulnerability of older people by increasing dependence on family members and on hand outs.

Older people in earthquake affect Gaung village in Padang in West Sumatra shared a similar experience. During one FGD in Gaung, two older people engaging in petty trading agreed that *it was more important to get the business running than rebuild the house*. A third gentleman stated that should Gaung be hit by another earthquake, *he would go back to fishing right away while his family would work to rebuild the house*.

HAI research from Tsunami-affected regions in NAD found that agencies regularly overlook older people when it comes to economic participation: *when livelihood needs assessments were being carried out at household level older people felt invisible as their needs were ignored. The assessments assumed that older people either no longer worked or that they were going to be looked after by their family*<sup>23</sup>.

Programmatic interventions focusing on revitalising markets and increasing older people's access to necessary handicraft, fishing, farming materials, as well as access to small loans to rebuild small trading initiatives would have gone a long way to mitigating the negative impact of these disasters.

### 6.2.2. Food / Water

The availability of regular food supplies and clean, accessible water sources remains a pervasive concern for those of all ages following a disaster. Provision of water was cited

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<sup>23</sup> HAI, *The impact of the Indian Ocean tsunami on older people: Issues and recommendations*, 2005, p. 9.

as a particular concern in more isolated and drought prone areas of Yogyakarta. Villagers from Tangkil said that should food be given following another disaster that they would request instant noodles since they took both less time and, more importantly, less water to cook than rice. This was of particular importance for older people who were often physically challenged to walk long distances, collect and carry heavy jerry cans of water back to their homes.

For instance, In Karangtangk Village, also in Yogyakarta, one older man who must walk with a stick for mobility support said that water supplies were not the biggest problem, but that he needed *helping hands* to transport water from the source to his home. In Karangtangk, water must be collected from communal tanks, some of which are located up to a mile away and via difficult hill paths. This gentleman was unable to reach the water source, fill a jerry can and carry it home while using his stick to help him walk. Unless his grandson, for whom he is the sole carer, is home to carry out water collection chores, this older man is unable to access water. When the quake hit, the problem of water collection was particularly difficult; especially when water was required beyond individual consumption needs but for animal care, shelter reconstruction and agricultural needs.

### 6.2.3. Shelter

Shelter was also a definite concern for older people. However, for many older respondents, the issue of shelter was seen primarily in terms of its contribution to maintaining (or improving) physical and mental health. In Yogyakarta, older FGD and SSI respondents said that the damage to their homes meant that they *had to sleep outside where it is cold and rainy*. For older people with minimal protection from the rains, either through blankets or a protective tarpaulin, illness and in some cases death resulted from a lack of appropriate shelter and protection. In Boras village (Yogyakarta), one man who had been badly injured carrying his 75 year old mother to safety said of his community, *no one died directly from the quake, but two older people in the village died within a fortnight of the earthquake due to illnesses contracted from sleeping outside in the open*.

In addition to a lack of rapid and appropriate temporary shelter solutions, older people also expressed dissatisfaction that the rebuilding of shelter had taken so long. Research carried out by YEL Yogyakarta found that six months after the earthquake, over 90% of 500 older people surveyed in 10 villages were still living in substandard and un-repaired shelter.

The poor rebuilding and rehabilitation of shelter damaged by the quake was still noticeable two years after the quake. In Kalgondan village near the epicentre of the Yogyakarta quake, the consultant met with a group of older people who had received cash assistance from the government to rebuild their homes according to a specific quake proof plan. The group noted that Government representatives had carried out a TOT with members of the community (young adult men only) to teach people how to reconstruct their homes in this quake-proof fashion. Unfortunately, the TOT did not include older people. Older people also stated that they only received an average of 3-4 million Rupiah each, even though the official amount to be provided was 15 million Rupiah per person. Most older people also said that the money had taken between six and 24 months to reach them. Thus, even when funds were set aside for rebuilding, plans were not feasible with the resources available, older people were not included in the training, and the funds were insufficient and badly delayed.

#### 6.2.4. Non-Food Items

Not unsurprisingly, older people also prioritised the replacement of non food items destroyed by the natural disaster as a key concern. Needs were diverse and varied from smaller household and kitchen items to bedding and clothing. However, in all locations, older people emphasised that poor quality and inappropriate items were as useless as no items at all.

For example, in Tangkil village in Yogyakarta, many of the older women complained that when help did finally come to surrounding villages (and this was many weeks after the event), clothing was provided. While they agreed that clothing was very important for helping to return to normalcy, they were frustrated that most clothes were Western in style and in virtually all cases were much too big for the small-sized older ladies in Tangkil. And so in order to wear any donated clothes, ladies ended up spending valuable time and energy cutting them down and fitting them to size. One older woman sighed, saying that *it doesn't matter that much, we do make do as necessary*. However, it was clear that better sized and more suitable clothing would have been far more useful and would have allowed older women to dedicate time spent altering clothing to other activities.

Likewise, older people stated again and again that donations of household equipment need to be appropriate. Another older woman from Baros village in Yogyakarta expressed concern that some items (provided for by the local church) only met half the needs. She lives in a bamboo walled hut with a dirt floor and mentioned that she only received a blanket; the blanket was useful for protecting her from night time chills, she noted, but was no good in terms of protecting her from the cold and wet environment because she still had to sleep on the ground. The request for mattresses was reiterated by flood affected older people in Jakarta who stated that mattresses as well as blankets were vital to help them keep from getting ill during the rainy weeks following their flood-caused displacement.

Other NFI needs, noted by older people in Jakarta, Flores and Padang was the urgency for older people (and younger people with disabilities) to have access to replacement eyeglasses to counter visual impairment as well as wheelchairs, sticks and canes for those who experience difficulty with physical mobility. Many older people mentioned the loss and destruction of these vital items during previous natural disasters.

#### 6.2.5. Information / Documentation

One of the queries raised during FGDs was whether older people had any access to public information following recent natural disasters. In Tangkil (Yogyakarta), older FGD respondents stated that because their village was overlooked during the response, they had to help themselves to gather any information regarding service provision and response. Older people mentioned that this was done by asking relatives and friends in neighbouring villages as well as walking the 10km out to the main road to solicit any passing vehicles on the road for information as well as help (e.g. rice, food, water, blankets etc.). In Padang, one 75 year old woman mentioned that she had received a piece of printed information and asked if the consultant would like to see it. Upon evaluation (and translation), it was clear that the document was actually political promotional material from a local candidate which offered no practical information about where or how to access aid.

Older people throughout Flores stated that with regard to the 1992 earthquake and tsunami that there was no warning, nor was there any public information shared following the disaster. Rural villagers in the Yogyakarta area speak of having communication technology being totally cut off after the earthquake. In Tangkil, older people were vehement in their assertions that both mobile phones and electricity were out of commission following the quake for well over a week. This combined with their geographic isolation meant that any information on accessing emergency support services would have been lost.

A second issue regarding information was raised in both Flores and in Yogyakarta. In both areas, the majority of people over the age of 70 do not speak Bahasa Indonesia. Most women over age 60 (from all locations) were illiterate, as were many men aged 80+. In Yogyakarta, the mother tongue of most older people is Javanese; in Flores, most speak Lio and other dialects. In both locations, older people asserted that they *didn't know if they missed anything* [such as food or NFI distributions] *because we only know what we are told* in the language they understand.

Finally, some older people expressed concern over being able to replace documentation. Interestingly, this was only an expressed priority following an emergency for people who boasted a higher socio-economic position. In Ujing Padang, a somewhat more affluent peri-urban community outside Padang City in West Sumatra<sup>24</sup>, three older people stated that being able to firstly protect and, in the case of damage, replace their documentation was crucial. However, upon further discussion it became clear that these older people were receiving Government pensions. Thus, in order to access government subsidised rice and other services, and protect their livelihoods security, it was vital for these older persons to have the paperwork. For older people in poorer communities and in communities where older people did not have birth certificates let alone government pensions, documentation was not prioritised at all.

With regard to all issues of information, there was a pervasive lack of understanding by older people themselves of their own human rights, in that access to timely and comprehensible information was a right, not a privilege.

#### 6.2.6. Psycho Social Well-being

Additional psycho social needs expressed by older people surrounded social and physical assistance. In flood affected areas of Jakarta, older people and their home visiting volunteers noted that older people benefited from receiving assistance with daily-living activities. This is especially true during the immediate aftermath of the flooding when the house needed to be cleaned and repaired in order to make it both safe and inhabitable. Older people in Yogyakarta concurred, particularly when it came to water collection and rebuilding activities.

The biggest factor, heard from older people in all areas, was that older people's sense of mental well being is directly related to their ability to be economically and socially useful. As one older man in Maumere (Flores) noted, *I am frustrated because I cannot do more due to my age and lack of physical strength*. This reinforces the importance of ensuring that older people are able to revitalise economic activities as soon as possible following a natural disaster.

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<sup>24</sup> Lower middle class as opposed to the very poor communities in the other locations.

In addition, older people noted that being treated with respect was of particular importance. One way to ensure both family and community respect, they said, is to engage older people in economic activities. As an older man in one of the highland villages in Flores asserted, even as older people *we are respected because we still support the family through farming activities and provide leadership to the household.*

Older people were also quick to emphasize the importance of being able to engage in activities which fed their spiritual and religious needs. This aspect of returning to normalcy was cited as being of utmost importance in both Yogyakarta which is predominantly Muslim as well as in Flores which is predominantly Catholic. Being able to engage in contemplative reflection was stated as being an important element of regaining mental well being as was being able to engage in religious study and visits to sites of religious worship (e.g. mosque, church, etc.).

At the same time, older people also mentioned the importance of being able to engage in shared social interaction, be it through group handicraft activity as in rural parts of Yogyakarta, or in community prayer in Flores. In all locations, older people reiterated how important it was not be left alone following a natural disaster, especially during daytime hours when the grandchildren are at school and adult children are working. Being left alone, the older FGD and SSI respondents said, *increases our fear and anxiety of a future disaster.*

## 7. Conclusions

As noted in the 2006 UNHCR evaluation of AGDM in 2004 and 2005, *there are often a number of actions which can be taken by staff and partners which don't require additional budgets but that can show a visible response*<sup>25</sup>. Likewise, older people themselves *have numerous resources at their own disposal and ... they play a critical role in solving their own problems*<sup>26</sup>. Recommendations given seek to offer low cost, high impact responses, directly include older people in the solution, reinforce *traditional values and practices, and ... play a significant role in ensuring better access to services for older people*<sup>27</sup>.

There are three areas where UNICEF and the various Protection Cluster members could improve their ability to address and respond to older persons' protection needs during situations of natural disaster and crisis:

- visibility, inclusion and participation of older persons
- integrated and intergenerational response
- appropriate practical and financial resources.

For each theme, wherever possible, specific avenues of action are outlined. All areas of intervention should include elements of advocacy, awareness raising/information sharing, and direct programming (through implementing partners). It is worth noting that while these recommendations are specifically focused on older people, most recommendations if not all are also applicable to adults with physical disabilities and could be adopted and adapted to improve the quality of their lives.

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<sup>25</sup> UNHCR, *Initial impact of age, gender and diversity mainstreaming in 2004 and 2005*, draft February 22, 2006, p6.

<sup>26</sup> Ibid, p6.

<sup>27</sup> IASC and HelpAge International, *Strong and Fragile: Learning from older people in emergencies*, November 2007, p7.

The thematic division of recommendations for the PC in Indonesia mirror those from the Uganda mission trip. While the main categories are the same, key programmatic, training, and advocacy recommendations are specific to the Indonesian setting.

## **7.1. Visibility, Inclusion and Participation of Older Persons**

### **7.1.1. Visibility**

One major area where both implementing agencies and local government can assist in making older people more visible during an emergency is through the accurate collection and dissemination of disaggregated data, **distinguishing wherever possible between active adults that are over 60 years old and the oldest of the old (80+)**. IASC recommendations echo this: *in order to be able to implement non-discriminatory assistance and protection activities, it is essential to know who the potential beneficiaries are and what their specific needs are*<sup>28</sup>.

HAI noted in its own review of older people in Tsunami-affected regions: *the lack of accurate data disaggregated by gender and age hindered assessment of the impact on older people and concealed their vulnerability. As a result they were overlooked in the initial relief effort [and are] likely to be forgotten in plans for recovery and rehabilitation*<sup>29</sup>. For PC members, **the simplest and most fundamental way to ensure that older people are considered in disaster response is firstly to ensure that data are disaggregated by age during assessments**. Guidelines for best practice from the IASC state that at a minimum, demographic data for the affected-population should be disaggregated by 60-79 years, male and female, and 80+ years, male and female.

Unfortunately, most assessments worldwide have not yet fully incorporated this guideline. This is true in Indonesia as well, where initial draft versions of the *Indonesia IASC Rapid Needs Assessment* did not include a demographic breakdown by the above categories. It also did not include the category of “Older Person Headed Households” among its list of potentially vulnerable household types, nor any itemisation of protection issues for either older people or persons with disabilities<sup>30</sup>.

Better data on older people will not only highlight protection needs of older people for PC response but will also help agencies to better plan for, budget for, and provide appropriate, sufficient, and accessible services. By adding a minimum of three questions to common assessments and including queries on the number, needs and contributions of:

- older people as caregivers
- older person headed households
- single older people living alone.

Inclusion of this type of information will go a long way towards highlighting those households at greater protection risks.

To put the impact of data collection in perspective, albeit crudely: demographic statistics indicate that roughly 28% of Indonesians are aged between 0 and 14 years; simultaneously, approximately 8% are aged over 60 years. If protection responses were based solely on incidence, then for every four child-focused interventions during an emergency, there should be at least one specific intervention that highlights and

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<sup>28</sup> IASC, *Human Rights and Natural Disasters, Operational Guidelines and Field Manual on Human Rights Protection in Situations of Natural Disaster*, Pilot version, March 2008, p11.

<sup>29</sup> HAI, *The impact of the Indian Ocean tsunami on older people: Issues and recommendations*, 2005, p2.

<sup>30</sup> IASC in Indonesia, *Rapid Assessment of Critical Needs*, draft 2008.

addresses the protection needs for older people. As it stands currently, the invisibility of older people demographically (due to failures to collect the information in the first place) translates directly into their omission in programmatic response.

### 7.1.2. Inclusion and Participation

Participation of older people in decisions which affect the quality of their lives must be an over arching and cross cutting element of programme interventions, advocacy activities and policy recommendations. Older people need to be consulted and their priorities and solution to problems be included in responses. They also must be encouraged to be active participants in determining solutions. Again referring to HAI's experience of tsunami affected older people, *relief interventions did not recognise older people's positive contribution in coping with emergencies and little effort was made to consult older people or to recognise the supportive roles they play in communities*<sup>31</sup>.

**One fundamental way to guarantee inclusion of older people is for stakeholders to actively consult older people during community meetings and planning.** A wide representation of older people, including housebound and socially isolated older men and women should be given the opportunity to formally voice their concerns and ideas within age and gender integrated community groups. Another way is for responding agencies to establish Older Persons Committees (OPCs) or Older Person Associations (OPAs). Involvement in OPCs/OPAs can have the positive impact of empowering groups of older people to engage in mutual social (and economic in the case of livelihoods activities) support, to direct political advocacy, and to engage in disaster preparedness and risk reduction activities. They also provide fora through which agencies can implement targeted programming and can provide older people with *information and education on equality and non-discrimination ... of their rights and encourage them to raise their concerns with local authorities and humanitarian agencies*<sup>32</sup>.

A joint UN cluster review after the Yogyakarta earthquake indicated that there were pressing needs in all sectors, although the extensive damage to housing meant that the largest needs were for shelter<sup>33</sup>. However for older people interviewed (in all locations), **the most pressing needs that older persons themselves highlighted were for the revitalisation of livelihoods opportunities and for a generalised return to normalcy**, of which shelter was only one element. This observation emphasises the **need to listen to older people's voices** as their needs may be both unanticipated as well as indicate a different level of focus for response efforts than that of the general public – or that which aid agencies choose to focus. Ensuring that older people have a platform for contribution is vital in ensuring that their needs and contributions are included in any relief programming.

## 7.2. Integrated and Intergenerational response

### 7.2.1. Integration through Understanding

It is critical that agencies work cooperatively to avoid duplication or introduce new structures which inadvertently undermine traditional family and community support mechanisms. With regard to older person's protection needs, the PC should initially

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<sup>31</sup> Ibid, p2.

<sup>32</sup> IASC, *Human Rights and Natural Disasters, Operational Guidelines and Field Manual on Human Rights Protection in Situations of Natural Disaster*, Pilot version, March 2008, p11.

<sup>33</sup> UN Coordination Center for Yogyakarta and Central Java and the Office of the Resident/Humanitarian Coordinator in Indonesia, *The Humanitarian Cluster Response to the JAVA Earthquake, 2006-2007, One Year Review*, July 2006, p 4.

provide the forum through which this can happen while simultaneously advocating for and empowering local Government, particularly the Dinas Sosial, to take on protection responsibilities.

However, it was clear from both stakeholder interviews, field visits, and from the PC's own self-evaluations that none of the PC members currently have the capacity, experience or mandate to work with older persons. Indeed, there is only one NGO with national-level capacity and no UN agency dedicated to working on older-person issues in Indonesia. Furthermore, when stakeholders at national and field levels considered older people as a potentially vulnerable population at all, they tended to mistakenly categorise *all* older persons as being *extremely vulnerable*. (Rather than comprising a heterogeneous population with a mixed set of capacities varying according to age, mobility, ability to access services, family support and other social, physical and economic factors.)

**There remains limited awareness of the rights, needs, and contributions of older people in crisis settings, and an accompanying need to raise their profile amongst humanitarian decision makers and practitioners.**

PC members would benefit from specialised training and support to enable them to be more skilled at working sensitively with older persons. This field mission, launched by the PC in proactive effort to increase capacity in the area of older persons, was the first step in providing this support, however, additional steps should follow. Training with implementing partners, PC members, local government and local NGOs would help all stakeholders to better understand older persons' perspectives, and this would be a second step in enabling humanitarian stakeholders to include older people in response as well as carry out effective advocacy and lobbying efforts resulting in the mainstreaming of ageing issues.

The facilitation of workshops in Jakarta, Yogyakarta, and Flores, designed to highlight stakeholder understanding of older person's issues and include sessions which would enable participants to consider how to involve older persons by exploring the challenges and potential solutions for their inclusion and participation in both disaster response and community rehabilitation, should be considered for any future mission.

A final element of the TOR that was not addressed due to lack of time and subsequent shifting of priority was to provide technical direction to support the design and implementation of programming aimed to fill protection gaps for older persons during emergencies. Elements of participatory planning could be easily included into any future training workshops to help stakeholders plan integrated programmes while considering what factors increase older people's risk of vulnerability and how development of their capacities and skills can mitigate these vulnerabilities.

#### 7.2.2. Intergenerational Programming

**Intergenerational programming is key to ensuring that older persons do not live in isolation.** It both reaffirms older persons' traditional roles and (re)builds their respect by and support from youth and children. Findings from HAI research on Tsunami-affected older people concluded that, *an intergenerational approach to relief is needed which*

*supports older people's family and community roles and strengthens family survival mechanisms*<sup>34</sup>.

There are a variety of easy ways to encourage intergenerational programming. This can be done, for example, through the inclusion of older persons in child friendly spaces where they can act as story tellers and animators. Likewise, restocking programmes or cooperative gardening efforts focusing on older persons could include participation by a grandchild with the outcome being that old and young share the work, older persons are enabled to share their own life experiences, and a multigenerational households increase their economic capacity.

Work with Plan International in Flores indicated that an intergenerational-programme focus with child focused implementing partners is a positive way to integrate older people into cross generational interventions<sup>35</sup>. During the week spent with Plan staff, the consultant used field visits to help staff better understand the roles grandparents play as caregivers for grandchildren. Staff in Maumere admitted that to date they had not considered the value of educating older people about child focused initiatives. Instead, they had traditionally focused on communicating programme information exclusively to parents who often were not in the community when the programming commenced. It was only when the Plan staff saw for themselves the virtually universal experience of grandparents being primary caregivers (and being responsible for encouraging children to attend school) that they saw the value of ensuring that grandparent caregivers were included in child focused programming and that any training or planning activities needed to be communicated in a language that grandparent care givers could understand.

### **7.3. Appropriate practical and financial resources**

As with issues of general participation, **older people should be consulted as to what their specific needs are and in what form they are best provided for**. For example, older people may find that certain NFIs are more useful in a different form – five litre jerry cans may be the largest that an older person can carry, and one thick blanket instead of two thinner ones may be preferred by older people who feel the hardness of the ground more intensely. Likewise, clothing should be sized appropriately for recipients. The most effective way to determine what the most suitable NFIs for older people are is simply to ask them.

With regard to information, IASC guidelines on protecting people affected by natural disasters state clearly that *all communities affected by the natural disaster should be entitled to easy accessible information*<sup>36</sup>. If services and support during an emergency are targeted to older people with special needs, but are not communicated in a medium or language which is comprehensible, they are not effective. All agencies must be both aware of the local *lingua franca* for older people and understand whether older people are more likely to access written, radio, SMS or other forms of information messages and to use those to communicate with older people. Monitoring should also be used to check whether information is consistently reaching older housebound adults.

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<sup>34</sup> HAI, *The impact of the Indian Ocean tsunami on older people: Issues and recommendations*, 2005, p. 9.

<sup>35</sup> Personal communication with PLAN staff, August 2008.

<sup>36</sup> IASC, *Protecting Persons Affected by Natural Disasters, IASC Operational Guidelines on Human Rights and Natural Disasters*, June 2006, p13.

In order to provide appropriate resources for older people, be it in the form of service provision, housing or NFIs, **it is vital that agencies properly resource interventions for older people.** A recent HPN paper notes that, *aid funding to directly support older people represents a tiny proportion of the overall sums channeled through the UN or NGOs – usually 1% or less of a donor response in a given country, and significantly short of the 7% benchmark recommended by Sphere*<sup>37</sup>. Until this misbalance in humanitarian programmatic funding is redressed, the protection gaps for older people will remain unmet.

#### **7.4. Knowledge Gaps**

Due to the time limitations and scope of investigation of this mission, the potential impact of avian influenza was not considered during this visit. However, the health impact of both avian influenza and HIV on older people is worthy of future examination, particularly in rural areas where access to medical services is limited, where grandchildren live in the care of grandparents, and where older people may depend heavily on chickens and other poultry for dietary protein input and for economic diversification.

Another general gap in information was the understanding of older people's access to health services during emergency response. During both FGDs and SSIs, older people themselves did not highlight health needs beyond the desire for immediate treatment of disaster induced physical trauma. However, since worldwide older people are regularly denied and overlooked for medical treatment both of trauma and of chronic age related disease during emergencies<sup>38</sup>, further exploration of this would be beneficial to fully understanding how to match medical programming with the needs of older people during emergencies.

#### **7.5. Protection Cluster Recommendations**

Because a Protection Cluster was not activated during the consultant's visit, she was unable to see the PC in action. However, continued focus on strengthening and addressing the Protection Cluster leadership's identify and improving broader protection skills expertise could improve the impact of its overall efficacy in future.

One of the biggest challenges UNICEF faces globally in terms of being the lead agency for the broader protection cluster is the tension between not neglecting its core mandate to protect children, including providing leadership for that specific response, and not allowing the broader protection cluster to be dominated by child-protection actors or issues. An additional challenge facing UNICEF globally in the leadership of the protection cluster is the limited in house expertise and on broader protection and human rights issues<sup>39</sup>.

In Indonesia, UNICEF has achieved measurable success in addressing child protection issues in a coordinated and predictive way in emergencies; this is clear from reports from the Yogyakarta cluster response. However, UNICEF in Indonesia has also faced the challenges related to broader-protection leadership, which are mentioned above. Over the past year, UNICEF in Indonesia has proactively taken commendable steps to

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<sup>37</sup> Wells, Jo, HPN Network Paper #53, Protecting and assisting older people in emergencies, December 2005.

<sup>38</sup> HAI, Bramucci, Gina, Rebuilding lives in longer-term emergencies: older people's experience in Darfur, 2006; IASC, Humanitarian Actions and Older Persons, August 2008; Wells, Jo, HPN Network Paper #53, Protecting and assisting older people in emergencies, December 2005.

<sup>39</sup> Montani, Jurg and Pia Vraalsen, External Assessment of the implications for UNICEF, *Should UNICEF take on leadership of protection clusters in natural disasters?*, Executive Summary, 9 May 2008.

increase their capacity to lead on broader protection issues, while simultaneously not neglecting leadership of child protection issues.<sup>40</sup> These steps include the appointment of a cluster coordinator with substantial experience in broader protection issues and in-depth expertise in child protection, the initiation of the technical mission on older persons, the possible identification of a formal co-lead for the child protection sub-cluster, initiatives to build the capacity of other sectors (namely WASH and shelter) on broader protection issues and translation of materials pertaining to all the technical areas housed within the PC.

Some of the challenges UNICEF may face in leading the broader Protection Cluster in Indonesia could be mitigated through the use of ProCap staff during an emergency and through general protection training for internal staff who, in the event of a natural disaster, would support the protection cluster lead. To insure the specific inclusion of ageing issues, the PC would benefit from engaging staff from HAI or YEL to be seconded to UNICEF during a future emergency. Increased collaboration between UNICEF as PC lead and YEL staff would allow the inclusion of YEL's input to the current contingency plan and would encourage YEL to be involved as a key cluster member with local expertise in ageing issues. An additional potential resource would be for UNICEF to ensure the cluster coordinator has broader protection experience or for a UNHCR or PCWG staff member with general protection expertise for an abbreviated period of time.

#### 7.5.1 Conclusion

Continuing to draw from global lessons learned, additional considerations for the UNICEF country office in Indonesia to bear in mind as their leadership of the PC continues includes the need to have cluster-dedicated staff (especially cluster lead support staff) with an appropriate skills set. The professional experience and skills necessary to be a successful field-level project officer are not always congruent with those required to actively and effectively organise and coordinate a large number of overworked, relatively senior, and often independent NGO and UN agency managers (who represent a diverse set of protection mandates) while simultaneously coordinating a broader protection response. However, these challenges and lessons do not pertain to UNICEF alone; they are being learned by all cluster lead agencies – including UNHCR - as the Cluster Approach ages and matures. It would benefit UNICEF Indonesia greatly to send their Cluster Coordinator/Focal Point to the forthcoming trainings on Protection Cluster Coordination.

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<sup>40</sup> This inherent challenge and tension between protection and child protection are noted in the Indonesia PC contingency plan, in order that future responses proactively address these issues. See "Inter-Agency Protection Cluster in Indonesia, *Contingency and Preparedness Plan*, 12 June 2008 (updated 15 July 2008)."

## Appendix One

For every child  
Health, Education, Equality, Protection  
ADVANCE HUMANITY



### FIELD TRIP TERMS OF REFERENCE

**NAME AND TITLE OF INDIVIDUAL TRAVELING:** Susan Erb, Consultant/Advisor, HelpAge International (*seconded to UNHCR Geneva on behalf of the global Protection Cluster Working Group*)

**COUNTRY TO BE VISITED:** Indonesia

**HOST OF VISIT:** UNICEF INDONESIA (*as lead agency of the Protection Cluster in Indonesia*)

**DATES OF VISIT:** 6 August 2008 – 4 September 2008

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### GOAL & OBJECTIVES OF TRIP

To provide technical support to the inter-agency Protection Cluster in Indonesia (PC) to advance the mainstreaming of the rights, contributions and specific needs of older persons into the work of the PC, other clusters/sectors, and other disaster response actors in Indonesia, including the Government of Indonesia and civil society. This trip will contribute towards accomplishing the overall goal and responsibility of the PC and other disaster response actors to ensure that the rights, contributions and needs of older persons in Indonesia are fulfilled and met during natural disasters, social disasters and other emergency situations.

The specific objectives of this trip are:

- Raise awareness of and developing responses to older persons' protection issues among the PC, other clusters and the larger humanitarian community (including donors, civil society and the Government of Indonesia)
- Identify and document with interagency field teams, communities, and older persons themselves the main protection gaps and needs of older persons during emergencies
- Identify, document and briefly assess the protection responses that have been employed during previous humanitarian responses (particularly the Tsunami and the Yogyakarta earthquake)
- Conduct an initial mapping of who is doing what where for older persons in Indonesia
- Provide technical direction to support the design and implementation of capacity building projects aimed to fill protection gaps for older persons during emergencies

- Provide participatory training on identifying specific protection needs and gaps of older persons, ensuring effective gender and diversity analysis, for the PC, other clusters, civil society and the Government of Indonesia

An additional objective of “assist with the development of advocacy strategies to highlight older persons’ needs and contributions” will be conducted if time and context allows.

These objectives will be accomplished through the activities below.

**ACTIVITIES FOR THE VISIT:**

- Meet with the leadership of the Protection Cluster in Indonesia upon arrival and before departure to brief and debrief on the situation of older persons in Indonesia, their vulnerabilities and current capacities and weaknesses for potential responses, as well as the accomplishments of the trip.
- Discuss the ToR and review the workplan with the Protection Cluster Coordinator for the visit.
- Upon arrival, also meet with other relevant stakeholders, including OCHA, the UNICEF Emergency Section, the Government of Indonesia Department of Social Affairs and the Government of Indonesia Disaster Management Agency (*BNPB*).
- Work with the IASC GenCap Gender Advisor currently in country to discuss issues regarding gender and older persons, and to ensure each issue is mainstreamed or highlighted into the work of the other.
- Conduct 2 – 3 field visits to emergency prone areas to meet with local partners working with older persons, conduct focus group discussions with older persons and communities, and to analyze response capacities of civil society and local government.
  - One such field visit should be to Yogyakarta to meet with the local organization YEL and to document lessons learned from responding to the needs of older persons during the Java earthquake; lessons learned regarding the ongoing impact of the earthquake and current situation of older persons now (post-disaster) should also be documented.
- Develop modes of transferring lessons learned and experience from the existing programs in Yogyakarta and Banda Aceh to current capacity building efforts and future emergency response.
  - Collect any field tools, studies or other pertinent documents – particularly those already in Bahasa Indonesia language – as field trips are conducted so they can be brought to the national level and shared.
- Through discussions at the Jakarta and field levels, document which organizations work with older persons and where.
- Provide the humanitarian and government disaster response actors with up-to-date resources in Bahasa Indonesia (and/or English, as necessary), and with relevant guidelines and linkages to continue to build the technical resources available to the country

- Review the IASC contingency and preparedness plan and the Protection Cluster specific plan and make recommendations and edits in order to mainstream issues of older persons.
- Conduct at least a one day training for members of the clusters, including but not only the Protection Cluster, to establish basic understanding of the issues of older persons in Indonesia and improve capacity to respond during emergencies. Additional trainings for government partners, especially Depsos and BNPB, should also be considered.

#### Outputs of the Trip

- The needs and contributions of older persons are adequately recognized and addressed in the IASC and PC contingency plans
- The rapid assessment tool includes an adequate focus on older persons
- Emergency partners have base knowledge of the issues of older persons and are able to consider them during responses to emergencies
- The PC has an initial map of who does what where in Indonesia
- Lessons learned from previous responses and tools and reports in Bahasa Indonesia are brought to the Jakarta level
- A final trip report will be provided to the PC in Indonesia within three weeks of the trip end date.

#### **TENTATIVE DATES AND ITINERARY OF TRAVEL:**

6 August: arrival in Jakarta from Singapore (SQ 968 arriving at 2155)  
 7 August: rest and meeting with PC  
 8 & 11 August: meet with OCHA, GenCap, BNPB, Depsos, ICMC  
 12 - 14 August: trip to Yogyakarta  
 15 August: FGD in Jakarta  
 18 August: holiday (Independence day)  
 19 - 22 August: field trip #2  
 25 - 26 August: field trip #3 or prep for training  
 28/29 August: Training  
 1-3 September: reschedule of field trip #3 or documentation & debrief meetings  
 4 September: Depart Jakarta (SQ959 at 1415)

#### **ADMINISTRATIVE AND LOGISTICAL ARRANGEMENTS:**

The Advisor, through support from the HelpAge International program in Indonesia and the global PCWG or UNHCR, will arrange for a visa and international travel. UNICEF Indonesia will arrange for all in-country travel, lodging and translation (either directly or through partners). All financial costs, including training venues, transport and travel, accommodation and food, will be born by and settled in country by the Advisor. Insurance and security support is provided by HelpAge International.

## Appendix Two

Schedule: 5 August – 5 September, 2008

- 5–6 August – travel London to Indonesia
- 7 August – UN/NGO/Red Cross/Donor Coordination meeting, briefing with UNICEF, meeting with Pak Nahar, Department of Social Affairs (DEPSOS), meeting OCHA head (Ignatio Leon)
- 8 August – meeting with Linda Pennells, GenCap, finalise field visits with UNICEF, meet with Mercy Corps regarding Jakarta field visit
- 9-10 August – write up notes from week, review UNICEF documents
- 11 March – meetings with Eva Sabdono YEL-Jakarta, Muhammadiyah, and NU

### Yogyakarta, Java

- 12 August – travel Jakarta to Yogyakarta
- 13 August – field visit to Tangkil (Muntuk) quake affected community (1 FGD with men and women – 70 people) and Karangtangak (Dligo) Village (3 SSIs) organised by YEL-Jogja
- 14 August – field visit to Baros Village (5 SSI), field visit to Kaligondan Village (4 SSI), organised by YEL-Jogja
- 15 August – meetings with Muhammadiyah, Oxfam, write up YEL field notes
- 16 August – field visits to Klaten OP home (1 FGD, 7 SSI), visit to Wates Aisyiyah women's programme (5 SSI), organised by Muhammadiyah, evening meeting to review data with YEL
- 17 August – write up notes from week

### Jakarta

- 18 August – travel to Jakarta
- 19 August – review and analyse 2006 YEL data
- 20 August – meeting with ICMC, field visit to flood affected Jakarta with YEL
- 21 August – review OCHA and YEL Jakarta documentation, arrange meetings for week of 1 September, arrange transportation to Flores and Padang
- 22 August – continue review of OCHA documentation, arrange meetings, arrange transportation to Flores and Padang
- 23 August – write up notes from week
- 24 August – day off

### Padang, Sumatra

- 25 August – travel to Padang, meet with Muhammadiyah, develop and plan field visits
- 26 August – field visit to Gaung, field visit to Pasirjambak, hosted by Muhammadiyah
- 27 August – field visit to Ujung Pandan, hosted by Muhammadiyah, travel to Jakarta

### Maumere, Flores

- 28 August – travel to Denpasar
- 29 August – travel to Maumere, meeting with Social Budaya staff (govt department which collaborates with NGOs) ; meeting with Plan; field visit to Padu Wau Panti (Govt Old Age Home); 1 FGD/10 SSIs
- 30 August – field visit to Wolodesha, 1 FGD, 5 SSIs, organised by Plan International

- 31 August – field visit to Renggaraisi, 1 FGD, 5 SSIs, organised by Plan International
- 1 September – Meeting with Dina Sosial Department of Disaster Preparedness and Department of Women, Widows, Widowers, and Youth; meeting with Red Cross; World Vision, field visit to Wai Oti Pondyansu health centre, 1 FGD
- 2 September – meeting with CCF, debrief with Plan, travel Denpasar, Jakarta

Jakarta

- 3 September –debrief with UNICEF, debrief with OCHA head (Ignatio), meeting with Red Cross, debrief with the Social Welfare Department, Gol
- 4-5 September– travel Jakarta to London

## Appendix Three

### Stakeholder meetings and Contact List

#### Jakarta

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## Yogyakarta

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## Sumatra

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## Flores

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Pak Adi / Ibu Oni	Red Cross			
Pak Raden Agus Wijaya	Owner	Pondok & Kedai Wai Oti Ayu	+62 382 22170 +62 812 461 6015	

## Appendix Four

### Field Locations: *Choices and Challenges*

#### **1. Yogyakarta Earthquake (2006)**

*Emergency profile* - On 27<sup>th</sup> May 2006, central Java was struck by an earthquake measuring 5.9 on the Richter scale. The earthquake's epicentre was roughly 37 kilometres south of Yogyakarta and affected between 11 and 13 districts, including 8 districts in Yogyakarta<sup>41</sup> and 5 districts in Central Java province. Estimates vary on the extent of the earthquake's impact, however over 5,700 persons were killed immediately and up to 45,000 were injured<sup>42</sup>. Over 350,000 houses were damaged beyond repair and 278,000 suffered lesser damage, directly affecting 2.7 million persons and rendering 1.5 million of them homeless<sup>43</sup>. Additional damage was sustained by the water and sanitation infrastructure, approximately 164,000 household wells needed to be cleaned or repaired and 155,000 latrines needed to be repaired or rebuilt. The earthquake also had, and continues to have, a devastating effect on livelihoods, both as a consequence of the loss of production as families tended to emergency needs, and because many had lost their place of work as well as their home<sup>44</sup>.

*The Yogyakarta context* - Yogyakarta is a province of 3.3 million people, 13% of which is over 60 years of age. The over 60 population is 46% male and 54% female<sup>45</sup>. On average, population density is high, with 980 people per square kilometre.<sup>46</sup> The majority of the population is of Javanese ethnicity (97%), and as a result, the majority of residents speak Javanese in addition to Indonesia language. Field visits with older people showed that many older residents of Yogyakarta, particularly in peri-urban and rural areas, speak Javanese only. Islam is the dominant religion (91.8%), with Christianity at 7.9% and small numbers of Hindus and Buddhists as well (0.2% and 0.1% respectively)<sup>47</sup>.

*Yogyakarta Field Visits* - In Yogyakarta, field visits to earthquake-affected communities were hosted by both HAI Indonesia's Yogyakarta partner, Yayasan Emong Lansia – Yogyakarta (YEL), as well as by the Yogyakarta office of Muhammadiyah (the second largest national Islamic organisation). Both those communities that had been included in the humanitarian response in 2006 and those that had been overlooked were visited. These visits occurred in urban, peri-urban, and rural areas.

Although translation in Yogyakarta was carried out in both cases by younger English speaking men, both young men exhibited measurable efforts to be sensitive to ageing issues (in one case because the translator had been working with older people affected by the 2006 quake) and showed strong respect for older FGD and SSI participants. Both young men were quick to check for clarification when a question posed by the consultant was unclear or when a statement by the older person needed greater

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<sup>41</sup> While Yogyakarta and Jakarta are cities, they also provinces unto themselves. In the above reference, Yogyakarta is referred to as a province.

<sup>42</sup> UN Protection Cluster, *Terms of Reference - Yogyakarta Earthquake*, 2006, p1.

<sup>43</sup> Ibid.

<sup>44</sup> UN Coordination Center for Yogyakarta and Central Java and the Office of the Resident/Humanitarian Coordinator in Indonesia, *The Humanitarian Cluster Response to the JAVA Earthquake, 2006-2007, One Year Review*, July 2006, p4.

<sup>45</sup> Population data taken from the 2005 Susenas [http://www.datastatistik-indonesia.com/component/option,com\\_tabel/kat,1/task,menu/Itemid,959/](http://www.datastatistik-indonesia.com/component/option,com_tabel/kat,1/task,menu/Itemid,959/)

<sup>46</sup> Data from the official DI. Yogyakarta website: <http://www.pemda-diy.go.id>

<sup>47</sup> 2003) *Indonesia's Population: Ethnicity and Religion in a Changing Political Landscape*. Institute of Southeast Asian Studies.

elucidation. Both translators were also consistent in posing questions directly to the older people themselves rather than asking caretakers or other family and community members to respond for the older person. This sensitivity resulting in a better quality of information being gathered as well as ensuring that the older FGD or SSI participant understood the reason for the visit and was clear on how the information gathered from the interview or focus group would be used.

*Additional data on Yogyakarta* - In addition to information gleaned during field visits to Yogyakarta, the consultant was also able to access YEL field data gathered during a December 2006 assessment of the needs of older persons in earthquake affected areas. This information helped to both corroborate data gathered during interviews and FGDs, but also provided valuable insight into older people's experiences of accessibility to services provided by UN agencies, INGOs, NGOs, and local government following the 2006 quake (when memories of service provision or lack thereof would have been fresher).

## **2. Jakarta Floods (2008)**

*Emergency profile* - Jakarta is prone to regular flooding, most commonly during the months of January and February, due to 40% of the city being comprised of low lying flood plains; a number of urban planning/living challenges, including clogged sewage pipes and waterways; and deforestation in neighboring areas. Jakarta experienced severe flooding in 2002 and 2007, and "regular" episodes of flooding in the remaining years. The floods of February 2007 affected roughly 70% of the city, killing 57 people and driving 450,000 (or 22%) of Jakarta's urban population into temporary shelter in schools, religious buildings, city administration buildings and other types of shelter. Flood waters reached heights of over a metre<sup>48</sup>.

In 2008, floods were less severe, with only three deaths, but still resulted in families sustaining measurable damage to homes and property and experiencing displacement. Just short of 50,000 inhabitants (49,653) of affected communities needed to temporarily leave their homes and seek shelter while flood waters abated. In 2008, the flooding occurred in five municipalities, 35 sub-districts, and 116 villages within Jakarta sub-province<sup>49</sup>. West Jakarta sustained the most serious damage with 43,530 people from eight sub districts and 22 villages being displaced. In addition, six health centres were damaged.

Formal responses to the 2008 flooding included assistance with evacuation, establishment of health posts and activation of mobile medical clinics (MOH/WHO), Coordination between the provincial and district/village-level Government disaster management agency (known at that time as SATKORLAK and SATLAK) and the MOH resulted in the dispatch of 50 tonnes of supplemental food for affected children along with 100 tonnes of instant food for displaced persons<sup>50</sup>.

*The Jakarta context* - According to Government data, the population of Jakarta is 8.8 million people, 5% of which is over 60 years of age.<sup>51</sup> The over 60 population is evenly

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<sup>48</sup> [The Jakarta Post](http://indonesiaurbanstudies.blogspot.com/2008/02/jakarta-annual-flooding-in-february.html) February 9, 2008; <http://indonesiaurbanstudies.blogspot.com/2008/02/jakarta-annual-flooding-in-february.html>

<sup>49</sup> WHO Emergency Situation Report #2, [Floods in DKI Jakarta Province, Republic of Indonesia](#), 3 February 2008.

<sup>50</sup> Ibid.

<sup>51</sup> Population data taken from the 2005 Susenas [http://www.datastatistik-indonesia.com/component?option=com\\_tabel/kat,1/task/menu/Itemid,959/](http://www.datastatistik-indonesia.com/component?option=com_tabel/kat,1/task/menu/Itemid,959/)

split at 50% per sex.<sup>52</sup> Population density is very high, with 11,316 people per square kilometre. A centre for migration, Jakarta's ethnic, religious and language composition is heavily mixed, with most, if not all, areas of Indonesia represented in the megapolis.

*Jakarta Field Visits* - In Jakarta, field visits to flood affected older people were hosted by YEL Indonesia who has been working to address ageing challenges in Indonesia since 1996<sup>53</sup>. Field visits were facilitated by YEL volunteers who are active in the home based visiting programme and themselves are from flood affected communities. Because hosting staff were well acquainted with older people and were well known by the older people, access to communities was expedited.

### **3. Padang Earthquake**

*Emergency profile* - Located on the western edge of the Sumatra island, along one of the most active fault lines in the world, the city of Padang, indeed the entire West Sumatra province, is one of the most disaster-prone areas of Indonesia. On 12 September 2007, an earthquake measuring 7.8 on the Richter scale hit the island of Sumatra roughly 185km south east of Padang and 16km west of Batusankar<sup>54</sup>. Two hours after the initial quake, a second aftershock hit the area with a magnitude of 6.8. Damage extended across West Sumatra, including Padang City. The quake resulted in at least seven deaths (in Padang city) and extensive injuries. In addition, the quakes damaged local economic infrastructure including fishing and paddy farming livelihoods<sup>55</sup>.

*The Padang context*<sup>56</sup> - Padang is a city of approximately 819,740 people<sup>57</sup>; the larger West Sumatra province has a population of 4.6 million, 8% of which is over 60 years of age. The over 60 population (West Sumatra province) is 44% male and 56% female<sup>58</sup>. Population density in Padang city is 1,090 people per square kilometre<sup>59</sup>. West Sumatra province is comprised almost entirely by the ethnic group Minangkabau, Indonesia's fourth largest ethnic group. The Minang are known for their matriarchal social system and are historically primarily farmers. Minangkabau is the dominant local language, though Bahasa Indonesia remains the only official language. Islam is the dominant religion in Padang (97%), with 2.2% of the population belonging to Christianity (Catholic 1.4% and Protestant 0.8%) and the remaining belonging to Hinduism and Buddhism (0.1% and 0.6% respectively)<sup>60</sup>.

*Padang Field Visits* - In Padang, field visits were hosted by the West Sumatra chapter of Muhammadiyah. Unfortunately due to mis-communication between the Jakarta and Padang offices of Muhammadiyah, the Padang Muhammadiyah staff was not expecting

<sup>52</sup> Population data taken from the 2005 Susenas: [http://www.datastatistik-indonesia.com/component/option,com\\_tabel/kat,1/task,menu/Itemid,959/](http://www.datastatistik-indonesia.com/component/option,com_tabel/kat,1/task,menu/Itemid,959/)

<sup>53</sup> See YEL's website for further information: <http://www.gerbanglansia.com/yel.html>

<sup>54</sup> The Economic Times, India Times 13 September 2007;

[http://economictimes.indiatimes.com/News/News\\_By\\_Industry/Earthquake\\_triggers\\_tsunami\\_alert\\_in\\_western\\_Indonesia/articleshow/2364042.cms](http://economictimes.indiatimes.com/News/News_By_Industry/Earthquake_triggers_tsunami_alert_in_western_Indonesia/articleshow/2364042.cms)

<sup>55</sup> Information from the Pacific Tsunami Warning Center in Hawaii warned the new 7.8-magnitude quake had the potential to generate destructive waves within 1,000 kilometers (600 miles) of the epicentre and advised authorities to take immediate action to evacuate coastal areas<sup>55</sup>.

<sup>56</sup> Where possible, statistics on Padang itself are quoted in this paragraph. However, as not all statistics are easily available for all administrative levels (e.g. province, district, city, etc), some statistics for the province as a whole are substituted for the Padang-specific statistics.

<sup>57</sup> BPS Statistics of Padang; <http://www.padang.go.id/v2/content/view/104/129/lang,en/>

<sup>58</sup> Population data taken from the 2005 Susenas [http://www.datastatistik-indonesia.com/component/option,com\\_tabel/kat,1/task,menu/Itemid,959/](http://www.datastatistik-indonesia.com/component/option,com_tabel/kat,1/task,menu/Itemid,959/)

<sup>59</sup> Data from the official Padang website: <http://www.padang.go.id>

<sup>60</sup> 2003) *Indonesia's Population: Ethnicity and Religion in a Changing Political Landscape*. Institute of Southeast Asian Studies.

the consultant. As a result, a full day of interviewing was lost. In addition, the Muhammadiyah staff did not have anyone on their immediate staff who could translate from Bahasa Indonesian into English. As a result, a young male student was brought in to facilitate the translation. While his willingness to be involved was much appreciated, he had virtually no experience of participatory interviewing which meant that many of the interviews and FGDs required 'hands on' training by the consultant in order to ensure respectful and participatory interactions. This was time consuming and often somewhat complicated.

A second challenge in Padang was that, due to an unfortunate miscommunication between the Jakarta and Padang offices and the difficulty in communicating with the Padang staff due to language limitations, the Padang team did not fully understand the purpose of the visit. As a result, the second day of work in Padang visited lower middle class older people whose levels of vulnerability were not particularly high. It was only on the third day that the consultant was able to visit the target group of older and more socially and economically vulnerable earthquake affected adults. A follow up visit to West Sumatra and to villages closer to the epi-centre might result in data more representative of, and more specific to, the experiences of older Sumatrans during emergencies.

#### **4. Flores Typhoon (2008) and Tsunami (1992)**

*Emergency profile* - Flores island, located in Nusa Tenggara Timur (*East Nusa Tenggara* in English, or NTT) province, is a renowned international travel destination. It is also highly prone to disasters, including typhoons, earthquakes, landslides, volcanic eruptions, and tsunamis. The last multi-district natural disaster occurred on 12 December 1992, when the district capitol Maumere and surrounding areas were hit first by an earthquake, measuring 7.5 on the Richter scale, and quickly followed by a tsunami of over 10 metres high.

On December 12, 1992, an earthquake with a magnitude of 7.8 occurred immediately north of the Island of Flores (approximately 1,800 km east of Jakarta); this was followed by a tsunami which reached 26.2 metres at its highest. The Flores disaster was *catastrophic in terms of human casualties and property damage, resulting from the earthquake and the tsunamis*<sup>61</sup>. Over 2,500 people were killed including 1,490 in Maumere city and over 700 on Babi island which was completely submerged during the tsunami event and reported virtual total destruction all buildings and infrastructure. On Babi alone, 263 of the island's 1,100 population died from the tsunami<sup>62</sup>. In Maumere, 90% of buildings were destroyed. Half of the deaths were the direct result of the tsunami, the remaining half from the earthquake, most notably from casualties sustained as a result of building's collapsing<sup>63</sup>. Throughout Sikka District, over 90,000 were left homeless from the combined earthquake/tsunami disaster.

More recent but less severe and less geographically extensive disasters include annual typhoons in the highland areas and volcanic eruptions affecting villages situated near

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<sup>61</sup>National Geophysical Data Center, NOAA Satellite and Information Service.

<http://www.ngdc.noaa.gov/nmmrview/xmls/fgdc.jsp?id=gov.noaa.ngdc:G01219&view=xml&responseType=text/plain>

<sup>62</sup> <http://www.interragate.info/notable-past-event/5201> cited from: Hidayat, D, Barker, J.S & Satake, K. 1995. Modelling the Seismic Source and Tsunami Generation of the December 12, 1992 Flores Island, Indonesia Earthquake. PAGEOPH. Vol. 144, pp 537-554

<sup>63</sup>National Geophysical Data Center, NOAA Satellite and Information Service.

<http://www.ngdc.noaa.gov/nmmrview/xmls/fgdc.jsp?id=gov.noaa.ngdc:G01219&view=xml&responseType=text/plain>

Gunung Egon (Mount Egon). Highland agricultural communities are affected by typhoons typically during the January/February rainy seasons.

*The Flores context*<sup>64</sup> - Flores island is more sparsely populated and less developed than some other parts of Indonesia. The estimated population on Flores is 1.6 million, with a population density of 112 people per square kilometre<sup>65</sup>. In Maumere, the largest town on the island and capitol of the district of Sikka, the approximate population is 70,000; the approximate district population is 300,000. Roughly 7% of the NTT province is over the age of 60 years, with males and females nearly equal<sup>66</sup>. The main ethnic groups in Sikka district are the Sikkanese (*Ata Sikka*), the Lio (*Lionese*), and the Ata Tana 'Ai. The main language in the Sikka district is Sikka, which divides into three different dialects. Christianity (Catholicism) is the dominant religion in Flores with approximately 91% registered as Catholic. A final characteristic that notably marks the NTT province, Sikka included, is its high poverty rate. It has one of the highest poverty rates in the country, with development levels trailing behind those of sister provinces and nearly 70% of the provincial population being eligible to receive poverty-alleviating cash assistance from the Government<sup>67</sup>.

*Flores Field Visits* - In Flores, field visits to earthquake, typhoon, landslide and tsunami affected communities were hosted by Plan International. Both the rural highland communities and those urban and peri-urban communities in and around Maumere city were communities where Plan has been programmatically operational. This enabled the consultant to meet with community leaders as well as with focus groups which had been organised in advance of the visit.

Not only did Plan support the visits with transportation, but they readily made their staff available for the field visits resulting in a good sensitisation by Plan staff about older people's needs and contributions and especially about the role that older people play as care givers for young children.

Translation in Flores was provided by an ex-UNICEF employee who had completed his contract with UNICEF a few weeks earlier. Additionally, the translator had worked on Flores for many years and was able to use his contacts and connections to facilitate meetings with local government, other NGOs (meetings were further facilitated by Plan) and other community interventions. Having specific expertise on child protection issues, the translator was keen to expand his knowledge and skill set to explore older people's protection issues; he displayed great sensitivity and patience when working through issues with groups of older people throughout Flores. The enthusiasm of both the Plan team and the translator made the short visit to Flores exceptionally fruitful.

## **5. Aceh Earthquake and Tsunami (2004)**

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<sup>64</sup> Where possible, statistics on the Flores island or the city/district of Maumere and Sikka in specific are quoted. However, as not all statistics are easily available for all administrative levels (e.g. province, island, district, city, etc), some provincial-level statistics are substituted.

<sup>65</sup> Statistics taken from wikipedia, as government sources at the district and city level were not easily accessible. However, Government statistics for the province confirm a low population density, reporting that the provincial density level was 90/km<sup>2</sup> in 2005.

<sup>66</sup> Population data taken from the 2005 Susenas [http://www.datastatistik-indonesia.com/component/option.com\\_tabel/kat.1/task.menu/Itemid.959/](http://www.datastatistik-indonesia.com/component/option.com_tabel/kat.1/task.menu/Itemid.959/)

<sup>67</sup> As referenced in a speech delivered by the Governor of NTT, 18 July 2008.

<http://www.thejakartapost.com/news/2008/07/18/ntt-governor-starts-term-with-focus-poverty.html>

*Emergency profile* - On 26 December 2004, northern Sumatra was struck by an earthquake measuring 9.3 on the Richter scale; Aceh province in Indonesia was worst affected with a tsunami bringing waves measuring between 15-30 metres to the coast areas. Approximately 128,645 people died in Aceh, with an additional 37,063 missing (presumed dead); more than 1550 villages were completely destroyed in 172 sub-districts resulting in a homeless total of well over half a million<sup>68</sup>. In Aceh province, mortality rates were higher for women (18.4 percent) than for men (9.6 percent), and in some parts of the province, 80 percent of deaths were women<sup>69</sup>; risk of death was measurably greatest for the oldest and youngest age groups<sup>70</sup>.

While statistical data on the number of older people affected by the Tsunami in Aceh is not available, it is worth noting that Oxfam research found women to be disproportionately affected by the tsunami, with older women especially bearing the burden<sup>71</sup>. This is further corroborated by HAI research which learned that, for one district in Sri Lanka, there were more deaths among people over 60 than in any other age group and a significantly higher number of female deaths in all age groups<sup>72</sup>.

*The Aceh context*<sup>73</sup> - The estimated population in the Nanggroe Aceh Darussalam (NAD) province is approximately 4 million, with a population density of 68.90 people per square kilometre<sup>74</sup>. Approximately 6% of the NAD province is over the age of 60 years, of which 46% are male and 54% female<sup>75</sup>. Ethnicity in NAD is diverse. Its location made Aceh an important part of the sea trade routes, which over the centuries brought many waves of migrants and settlers, as well as colonisers from both near and faraway lands. The primary ethnic groups are now the Achenese (70%), Gayo (20%), Alas (4%), Singkil (3%), Simeulue (2%) and Javanese (3%)<sup>76</sup>, due to the *trans-migrasi* program of the central government. The official language remains Bahasa Indonesia, though most Achenese people speak the Achenese language in daily life. Some of the other ethnic groups retain their own languages and dialects as well. Islam is the dominant religion in NAD, with approximately 98.6% registered Muslim. While NAD has special administrative status that includes the application of Shari'a Law in NAD, other religions remain acceptable in accordance with the country's constitution. As with NTT, poverty levels in the NAD province remain above the national averages.

*Aceh Field Data Collection* - Due to the availability of data on Tsunami affected older people in Aceh combined with time and travel constraints, it was jointly decided by both the consultant and UNICEF not to pursue a field visit. As a result, data regarding the effect of the disaster on older people in Aceh is based on HAI's own and partner research undertaken between 2004 and the present.

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<sup>68</sup> <http://www.interragate.info/notable-past-event/5198>

<sup>69</sup> Oxfam, Oxfam Briefing Note, *The tsunami's impact on women*, 2006.

<sup>70</sup> Rofi, A & Robinson, C. 2006. Tsunami mortality and displacement in Aceh province, Indonesia. *Disasters*. Vol. 30, pp 340-350.

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<sup>72</sup> HAI, *The impact of the Indian Ocean tsunami on older people: Issues and recommendations*, 2005, p6.

<sup>73</sup> The area of Indonesia hardest hit by the Tsunami is commonly referred to as "Aceh". The term can be confusing, as it can apply to either the province of Nanggroe Aceh Darussalam (NAD); its capital city, Banda Aceh; or those areas of the province that were affected by the Tsunami, typically Banda Aceh city and the Aceh Besar, Aceh Jaya and Aceh Barat districts. For the purposes of this paragraph, which seeks to paint a picture of each area of research, statistics from the NAD province are used.

<sup>74</sup> Indonesia Investment Coordinating Board, <http://regionalinvestment.com/sipid/en/area.php?ia=11>

<sup>75</sup> Population data taken from the 2005 Susenas [http://www.datastatistik-indonesia.com/component/option.com\\_tabel/kat.1/task.menu/Itemid.959/](http://www.datastatistik-indonesia.com/component/option.com_tabel/kat.1/task.menu/Itemid.959/)

<sup>76</sup> *Indonesia's Population: Ethnicity and Religion in a Changing Political Landscape*. (2003) Institute of Southeast Asian Studies.

## Appendix Five

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