

**Social-related needs of people  
in the Tsunami affected locations in Indonesia**

**A study of affected people in Banda Aceh.**

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## **Introduction**

On December 26, 2004 a devastating earthquake measuring 9.0 struck the west coast of Indonesia's North Sumatra, its epicenter near the shores of Meulaboh, Aceh. The quake triggered tsunamis which have killed more than 220.000 people in more than 10 countries. Of those around 174.000 people (79%) were reported killed in Aceh and north Sumatra Province. In addition to the great loss of life, the tsunami also caused major damage to property, livelihood and infrastructure. It is estimated around 80% of the damage were in these two provinces.

Our organization, since the start of the disaster has been active in providing emergency assistance and conducted various rapid need assessments in three different locations in Aceh and north Sumatra. The result from the rapid assessment concluded that, even though billion of dollars has been pledged for relief and rehabilitation works in Indonesia, the affected communities have received very limited support for the rehabilitation of their affected communities. There is still no coordination between related sectors even after 5 months since the disaster.

Health service is still very limited, and was available only in the first months after the disaster. Based on information from Indonesia Red Cross in Banda Aceh there is still no coordination between the Health Department office and Red Cross, resulting in limited health services for the affected community, especially the elderly. Although many international organizations are operating in Banda Aceh such as CARE, OXFAM, International Red Cross, MERLIN etc, each organizations seems to be operating based on their own agenda, resulting in overlapping of same services in one area, and no services at all in other areas. The Social welfare Agency of Aceh Province explained that there is no special program or policy for the welfare of the elderly before or after the disaster, so there is no data available about the elderly population in Aceh, in other words older persons have not received the attention they need, especially in emergency situations. On a second visit to Banda Aceh recently, discussions with international organizations showed that even these experienced relief agencies have not considered the vulnerability of older persons during and after disasters.

Accessibility for older persons as well disabled persons were not available in the Barracks, no wonder the disabled people did not want to stay in the provided shelters. Most of them moved to other cities such as Medan and Padang in North Sumatra and even Jakarta, to stay with relatives.

Based on information from Aceh Province Satkorlak (disaster management agency), the Provincial Disaster Command Center of Aceh and the Social Welfare Office, we were suggested and permitted to talk and meet with affected people currently residing in refugee camps/barracks in Banda Aceh. Information and Communication Office of Aceh (Infocom office) said that there are 1,629 refugee barracks in 126 locations in various districts of Aceh.

Currently 854 barracks have been completed and have accommodated 56,600 refugees. These barracks have been built by several parties. State owned companies about 807 barracks, local contractors 797 barracks and NGOs 54 barracks.

Assessments at the barracks, showed that clean water and sanitation is still a big problem and access from sleeping quarters to the washrooms/latrines creates problems for the elderly as well as for the young girls especially at night due to distance and limited lighting/electricity.

Food assistance was good only in February, but since March only rice was distributed. Another problem is the inactivity of the people residing in the barracks, who used to be farmers, fishermen, carpenters, becak/tricycle drivers, vendors or owners of a small shop. Although they have received basic relief assistance, they have not yet received any support to resume economically viable activities while residing in camps.

Moving from the emergency to the rehabilitation process, it is becoming critical to better understand these population dynamics, especially in defining the support to be provided for the resumption of livelihoods by geographic area. It is also needed to forestall conflict over land resources: some of the camps are now sheltering population groups not originally from the area. The reconstruction of homes and livelihoods (access to equipment, funds and training) are on their top priority list in the rehabilitation process. Most of all they prefer to be able to start working again, in order to be self reliant instead of depending on aid.

The province of Aceh at the northern tip of Sumatra, the hardest hit province by the disaster, is one of 8 (eight) administrative provinces of Sumatra.

The population of Aceh is estimated at 4.2 million (2000) or 3% of the Indonesian population and nearly a quarter of the population of Sumatra as a whole. The predominant language spoken in Aceh is Acehnese, a language related to Malay, although in Aceh, as all over Sumatra, Bahasa Indonesia is the official language.

Throughout most of Indonesia, a unique form of Islam - a blend of Sufism, Hinduism and indigenous spiritual beliefs – is practiced. Acehnese however are considered more strictly religious than the rest of Indonesia's Muslim population and practice a more conservative form of Islam. Aceh is often referred to as the "Front Porch of Mecca".

Oil and natural gas are two of its most important exports of Indonesia and are found mainly in Aceh Province also known as Nanggroe Aceh Darusallam (NAD).

Aceh people are not as poor as those in many other parts of Indonesia. Most families are agriculturists. Their diet includes rice served with meat (buffalo, beef, fish or chicken) or vegetables.

**Everything changed after 26 December 2004. The damages and losses from the earthquake and the tsunami affected 17 out of 21 districts of Aceh and two districts in North Sumatra.**

**Banda Aceh**, the Capital of the Aceh Province was the most affected area and the hardest hit by the tsunami in terms of casualties and damages as the wave cut deeply into the densely populated areas of the city. Although parts of Banda Aceh were unscathed, the areas closest to the ocean were completely destroyed. Most of the rest of the western coast and outlying islands were severely damaged, and many towns were said to have completely disappeared.

The government of Indonesia announced that 174 thousand people have died, more than 2.8 million people affected directly or indirectly, and more than 700 thousand people lost their home and became homeless.

Older people in disaster situations are among the most vulnerable groups affected, besides women and children. In fact older women are mostly the ones that are able to survive in severe destruction such as the recent tsunami.

Besides this predisposition, older persons who survived have brought with them their wisdom, knowledge and experience especially related to natural disaster mitigation, preparedness and rehabilitation / rebuilding of its devastated communities.

It is with this thought in mind that we felt it necessary to visit and talk to these survivors in Banda Aceh, the most affected area, share and record their experience both in the past, present and their hopes for the future in rebuilding their life anew.

### **Purpose of the Study.**

1. To gather statistical information from socially marginalized groups (elderly, people with disadvantages, youth, various ethnic, religious or linguistic minority groups, including widows and the very poor), local NGOs and related government agencies.
2. To share the findings with the government and related sectors, to encourage them to address the priorities and concerns by these specific groups of survivors in the rebuilding process as well as in social service delivery, social policy and laws in areas such as property/land rights / security of tenure.
3. Prepare input to a national level workshop involving a range of participants and stakeholders, to ensure inclusion of vulnerable, such as older people on disaster prevention, preparedness and recovery in Aceh.

### **Location of study.**

The study was conducted in Kota Banda Aceh, the most affected area of NAD.

### **Method.**

The research team consisting of 3 persons from Jakarta (NGO and Academia) and 7 persons from Local NGO and University students (Syah Kuala University of Banda Aceh) made field visits to tsunami affected areas of Banda Aceh. Based on preliminary assessment of information available in Banda Aceh, the priority earthquake and tsunami

affected area of Banda Aceh City and some parts of the west coasts of Aceh Besar district were chosen for detailed field work and consultations.

The research team had consultations with local government, Indonesia Red Cross, Local NGO and subjected respondents. Information from survivors was obtained through Focused Group Discussions (FGD) and structured interviews.

FGD was conducted in Aceh Besar District in three different Camps:

- (1) Lampasi Engking a sub-district of Darul Imarah,
- (2) Huntara Siron and
- (3) Bada both a sub-distirct of Ingin Jaya.

Three FGDs were held to obtain qualitative data and information concerning the affected survivor's priority needs and covered three groups of stakeholders. Total number of FGD participant were 206 persons, consisting of 42 of the elderly groups, 37 of the youth group, 39 widows and 88 of mixed group.

The structured interviews were conducted to obtain the basic quantitative socio-economic, demography, livelihood and health services data and information of disaster affected survivors. It was conducted by direct interview with key informants such as government officials and community leaders. Questionnaire used in conducting these structured interviews were as designed by UNESCAP.

### **Limitations.**

This study has its limitations, as only survivors living in the camps have been covered as **suggested and permitted** by the Social Service Office of Banda Aceh.

Varying degrees of cooperation from government officials in gaining permission to interview the people affected by the disaster and lack of available data from the government and other NGO sources.

The study was conducted in one week time based on available budget, not enough time to allow a more in-depth assessment of how the tsunami disaster affected older people, not just in the barracks but also in the villages.

Banda Aceh 5 months after the Tsunami, no reconstruction yet.



## CHAPTER 2 FIELD FINDINGS

### 2.1. Respondent Characteristics

- a) Majority of the respondent were natives of the area. Especially widows and elderly groups were 100 % native, while 81 % of the youth were natives, 19 % were migrants from another region. Their spouse's situation was slightly different, where 86 % are natives of the area and 14 % of them were migrants from other regions in Indonesia.
- b) Majority of widows and young people did not feel as ethnic minority as shown by their data. Almost 100 % of widows and 74 % of young people feel part of Indonesian Nation. Only 26 % of youth did not answer this question. It is contradictive with the elderly group where 100 % of them feel as the minority.
- c) The majority of Aceh people speak the local language. Almost 75 % of them use the Aceh language in their daily conversation and 22 % use a mixture of local language and Bahasa Indonesia. It does not mean that they can not speak Bahasa Indonesia. Bahasa Indonesia is used only in formal situation while Aceh language is used in the common informal day to day conversations.
- d) All of the respondents follow Islam religion, as Islam is the major religion in Aceh.
- e) The highest education level of the respondents was mainly primary school. Only 7 % of them have no education (illiterate). This fact came from the elderly group, while no one of youth and widows were illiterate. The university graduates was only 2 % of the respondents, they are part of the youth group / respondents. Detailed data can be seen in Table 2.1.

**Table 2.1 Respondents Education Level**

Education Level	Youth	Widows	Elderly	Average
None/illiterate	0%	0%	15%	7%
Primary school	3%	44%	71%	44%
Junior high school	52%	31%	6%	25%
Senior high school	39%	25%	8%	21%
University	6%	0%	0%	2%

### f) Number of Household Member

Table 2.2 shows the number of household member compared between before and after tsunami. Majority of the respondents were living in an extended / big family before the tsunami, 49 % of the household consisted of 5 – 7 persons family member. After the disaster, the majority shifted to the 2 - 4 persons range.

**Table 2.2 Number of Household Members before and after Tsunami**

No	Number of household members	Before Tsunami	After Tsunami
		Percent	Percent
1	One (myself)	0%	2%
2	2 – 4	29%	53%
3	5 – 7	49%	36%
4	> 8	21%	9%

**g) Source of Income**

Majority of the respondent were farmers (25 %) before tsunami. The second source of income was being self employed or micro business (21 %). The third source of income was being fishermen and driver (16 % each). Table 2.3

**Table 2.3 Source of Income**

No	Source of Income	Percent
1	Self-employed including vender	21%
2	Government employee	4%
3	Fishermen	16%
4	Farmers	25%
5	Professional (doctor, engineer, teacher, accountant)	1%
6	Work in a small business or shop owned by others	8%
7	Driver	16%
8	No answer	7%

**h) Household Income Level**

Level of income was categorized by very poor, poor, average and rich. Before tsunami, only 9 % of the respondents were categorized as very poor household, while the other 57 % categorized as poor household. After tsunami, the number of very poor household changed dramatically. Almost 40 % of respondents become very poor family and 52 % categorized as poor family. Table 2.4

**Table 2.4 Household Income Before and After Tsunami**

No	Income level of household *)	Before Tsunami	After Tsunami
		Percent	Percent
1)	Very poor	9%	40%
2)	Poor	57%	52%
3)	Average	34%	8%
4)	Rich	0%	0%

\* very poor <Rp.250.000,-.>; poor <Rp. 250.000,- – Rp.1.000.000,-.>; average < Rp. 1.000.000,-. – Rp. 5.000.000.>; rich > Rp. 5.000.000,-.

**i) Type of Housing**

Majority of people lived in privately owned homes before the tsunami, 67 % of them. Only 23 % lived in rented houses. After tsunami, almost everyone live in non domestic quarters (33 %) and or shacks (65 %). Table 2.5

**Table 2.5 Type of Housing before and after Tsunami**

No	Type of Housing	Before Tsunami		After Tsunami	
		Number	Percent	Number	Percent
1	Private ownership	67	71%	2	2%
2	Private owned residential flat	0	0%	0	0%
3	Rented house	23	24%	0	0%
4	Rented flat	0	0%	0	0%
5	Squatter housing	1	1%	0	0%
6	Non-domestic quarters	1	1%	31	33%
7	Others (no answer)	3	3%	62	65%

**j) Ownership of Home Appliances**

Before tsunami majority of respondents (62 %) owned TV, bicycle or motorcycle (42 %) and also vehicle (8 %) and owned common home appliances such as washing machine, personal computer, refrigerator, tape recorder/radio, sewing machine and furniture. After the tsunami, the ownership of TV, washing machine, bicycle, and sewing machine were less than 4 % only. The private car owned by 1 % only. (Table 2.6)

**Table 2.6 Respondents Ownership**

Type of Home Appliances	Before		After	
	Number	Percent	Number	Percent
TV	62	65%	4	4%
Washing machine	5	5%	1	1%
Bicycle or motor cycle	40	42%	3	3%
Personal computer	3	3%	0	0%
Private car	8	8%	1	1%
Refrigerator	5	5%	0	0%
Tape recorder/radio	3	3%	1	1%
Sewing machine	6	6%	2	2%
Kiosk/shop	3	3%	0	0%
Cow/Chicken	2	2%	0	0%
Furniture	2	2%	0	0%
Boat	2	2%	0	0%
Becak / pedicab	3	3%	0	0%
Gold	2	2%	0	0%
Money	2	2%	0	0%



## 2.2. Relief Aid Accessibility

### a) General Information

- The relief aids were distributed both by men and women.
- Majority of respondents acclaim that the relief aids was not distributed to all tsunami victims equitably. Field data result collected from general FGD attended by 88 persons enunciate that most of the victims (53 %) said the aids was not distributed equitably, 33 % had not access, and only 9 % told that aids was distributed equitably.
- The inequitable aids distribution evoked distrust among the victims. Although inequitable distribution took place, the response from FGD shows that there was nobody who got more than the others (50 %), 12 % testified that some people did receive more than others, 2 % did not know, 3 % told that some people got more water, and the rest 30 % said that everything was distributed equitably.
- Asked about the inequitable distribution and how it took place, they had no appropriate answer about the situation (60%), nothing to say and did not know exactly that it happened (2 %), they suggest to distributed everything fairly to avoid jealousy (16 %), few of the respondents (2 %) told that sometimes aids was distributed equitable, and the rest (16 %) answered that there was no fair distribution.

### 2) The Elderly and People With Disabilities

- As a matter of a fact, the elderly group 100 % said that aid was not distributed equitably, 64 % of the elderly people detected the existence of non-tsunami victims who received aids.
- The majority of elderly group feel that they have problem in accessibility, especially the toilets and bathroom which are too far from their quarters

## 2.3. Information Access

Generally, the main information source for the tsunami victims were from people who visited them. Table 2.7 shows that only 18 % of the victims get information from radio, while from their friend were the other source of information. No one of them got information from government officials.

**Table 2.7 Main source for Information**

Main source for information	Number	Percent
Radio	17	18%
Visits by people from an organization	64	67%
Government official	0	0%
Friends	18	19%

- a) All of the elderly people (100 %) found difficulties in accessing information. This problem arose as a result of insufficient infrastructure and non-existing facilities in the affected areas.
- b) The main impacted of no information for the elderly were:
  - The delay on aids distribution. (They were not informed)
  - The food and medical aids for the elderly did not meet the needs of the older persons

#### **2.4. Coping with the Existing Situation**

- a) The majority of FGD respondents (48 %) did not know how to cope with the situation, while 13 % of them wanted to get back to their village and rebuild their own home, 2 % want to get back to their village and get work, 3 % need to get back to their village and need investment/working capital, 9 % buy the most basic needs with their own money, 9 % receive rice from donors and the others buy things with their own money, 2 % do not know how to cope with the situation, 7 % suggest to deliver the grievance to NGO, Mass Media, the obliged government staff or police.
- b) The elderly people did not know how to cope with the existing situation.

#### **2.5. The main people who have helped the victims**

- a) The majority of the affected people (33 %) told that they were helped by their relatives, 31 % helped by NGO and the Head of Sub District, 18 % helped by the unaffected community, 9 % helped by the Indonesian Army, 5 % helped by village head, and the rest of them helped by Indonesian Red Cross (2 %) and their friends (2 %). From this figure generally it can be said that relatives, NGO and Village Head play an important role during the post tsunami and it would be necessary to involve them in the reconstruction program.
- b) The elderly people perceive the people who have helped them were mainly relatives, neighbor and the Head of their sub-district.

#### **2.6. The existence of former relatives, friends, neighbors nearby**

- a) The majority of the people (40 %) still have their former relatives, friends, or neighbors nearby currently, 37 % do not have anybody now. Few of them (6 %) still have relatives, 9 % still have friends and relatives, 5 % still have friends and neighbors, and the rest 2 % only have neighbors.
- b) All of the elderly people still have former relatives, friends, or neighbors nearby.

#### **2.7. Number of people finding paid work.**

- a) From the FGD result, number of people who have been finding paid work were very few. Only two percent of the respondents have found paid work. The rest 98 % of them have not found paid work yet.
- b) The reason of being unemployed were because 10 % of them still continue their study, 89 % did not know about existing job opportunities in their surrounding area,

Unemployed situation was the common outlook in surrounding affected area. Only one percent of them have gone back to their former profession as a craftsman.

- c) The elderly people did not know anything about the existence of people who had found work.

### **2.8. Access to any type of education and training**

- a) Only nineteen percents of the respondents have access to education or training program held by NGO and Local government. While the rest 81 % did not have access. It is very important to underline that training program, especially vocational training programs contained the profitable alternatives of livelihood and micro-enterprises suits the existing community basic skills, capacity and capability and will help the victims both in the short term and or long term.
- b) The elderly people did not have access to any type of education and training program that existed in the affected areas.
- c) It is clear that education and training program were for the youth and the widows only, not for the elderly.

### **2.9. Access to equipment, tools, land, water etc. needed to generate income**

- a) All of the respondents had no access yet to equipment, tools, land, water needed to generate income, 31 % of them responded that it was promised by an NGO some time ago, but until the survey was completed there was no realization yet.
- b) Same as the access to education and training, elderly people did not have access to equipment, tools, land, water etc. needed to generate income
- c) The survey asked respondents what kind of livelihood assistance they individually needed and what support is necessary to revive the local economy. The respondents articulated that in order for them to successfully engage in economic activities they would primarily need capital. In order for them to reactivate their livelihoods, a large proportion of the people stated that what they needed most was access to capital. More than half indicated that livelihood materials would support their economic activities while a considerable number said that training was also necessary.
- d) For those that regarded training, the most popular type of training would be in fishing, farming, sewing and carpentry.
- e) Among the survivors, the tsunami has created substantial impacts on the livelihoods of farmers and households involved with aquaculture and fishermen in coastal areas. The impacts vary from people and households who have lost all assets and capacity to rehabilitate.

### **2.10. Access to clean water**

Most of the tsunami affected people had problem with the clean water provisions. Only 16 % of them have good access to clean water. The other 17 % of these people did not have access to clean water. Furthermore, the evidence figured that most of the available clean water provided by NGO, International Institutions, Local Government and Central Government did not meet the needs, or with other words the water provisions was

insufficient for inhabitants of the barracks. Insufficient water was faced by the majority of the people (67 %).

### 2.11. Access to a regular supply of food

The majority (57 %) of the tsunami affected people has received regular supply of food. But food supply only occurred in the early month after the disaster. In the second month until today the reliable food supply was not available anymore, since they only received rice. The miserable fact is that the rest (22 %) had no access to reliable food supply, for 17 % the supplied food was insufficient for their needs. Only 5 % of them feel the supply of food reliable.

### 2.12. Ability to access health care.

#### a) Before tsunami

32 % of the affected people had access to health care before the tsunami, through the nearest community health center (PUSKESMAS) and the other 24 % served by different kind of health services. Generally, they told the health services delivered was of low quality and was not free of charge.

#### b) After tsunami

After the tsunami, the health care needed served by the existing medical workers were irregularly provided. The majority of the affected people have access to those health care services provided the Indonesian Red Cross (31 %), 15 % served by the Indonesian Army, and few of them served by health task forces (2 %). Although services were not regularly available they feel it was better than before the tsunami because it was free of charge. The other victims (14 %) feel that health care services was the same as (not better than) before tsunami.

## 2. Victim's Health Care Handling

Based on Table 2.8, the majority of the victims perceived their ability to get health care, particularly widows. About 65 % of the elderly count on someone to help those traumatized by the tsunami.

**Table 2.8 Health Care for Respondents and Others**

No	Perception on Health Care	Youth	Widow	Elderly	Average
1	Respondent have been able to get health care	71%	88%	81%	80%
2	Health care for others that respondent are taking care of	52%	56%	27%	45%
3	There is someone to help people who are traumatized from the tsunami	45%	25%	65%	45%

### 2.13. Main health-related concerns

- a) The health-related concerns after the tsunami, varies amongst the victims. Respiratory problem was the main symptom suffered by the tsunami victims. About 63 % of the FGD attendants were suffering from this. The second greater number of the emerged disease was headache. This symptom suffered by 41 % of the FGD attendants. Diarrhea and difficulty with breathing was the third symptom suffered by 31 %. Skin problem (Itches) was also suffered by 17 %, besides watery eyes.
- b) Undernourished victims were very few, 9% were undernourished due to unreliable food supply. Other symptoms suffered by less than 5% were dental ache and hypertension, 17 % didn't feel or suffered from any disease.
- c) Further information concerning disease symptoms amongst the victims presented in **Table 2.9**

**Table 2.9 Type of Symptoms Incidence in the Affected Area**

No	Type of symptom	Number of Victims	Percent
1	Cold	55	63%
2	Breathless	27	31%
3	Headache	36	41%
4	Diarrhea	27	31%
5	Skin problem (Itches)	15	17%
6	Cough	13	15%
7	Dental ache	1	1%
8	Hypertension and arterial disease	2	2%
9	Feeling unhealthy	3	3%
10	Undernourished	8	9%
11	None	14	16%

### 2.14. The most needed usually reached - before and after tsunami

The majority of the respondent usually reached the most needed by means of providing for themselves before the tsunami. This group consists of 85 % and the rest 15 % depended on their parents. After the tsunami, the figure has dramatically changed. Majority of them (61 %) depend on aids, only 18 % fully provide their needs by buying with their own money, 17 % sometimes receive aids, and the rest 3 % still depend on their parents.

### 2.15. Experience the problems with security of tenure/land and property rights

The most important problem concerning the security of tenure, land and property rights is the physical conditions of the property as now it is very hard to identify the borders of

their property exactly. From the 88 persons surveyed, the affected person who found their homes, garden and any other properties ruined were 59 % and 27% found their properties covered by sand and dried mud, 66 % feel they face serious problems in claiming their property rights due to the physical conditions and the property evidence documents were destroyed by the tsunami. Meanwhile, the other 14 % did not find any problem in their security of tenure/land and property rights.

#### **2.16. How to solve some of the main problems facing them.**

Most of the respondents (84 %) did not know how to solve their problem. Only 16 % of them perceive that they can solve their problem.

#### **2.17. The priorities now**

- a) From the 88 persons interviewed, 31 % of them want to go back to their village, build their house again and back to their former work. This group consisted of those whose former job was government staff or private company workers.
- b) The other 17 % needed to build their house and look for working capital, while the other 2 % needed working capital only. To recover their business as soon as possible, they need financial assistance to rebuild their former business or to start a new business. The type of financial assistance to provide are consists of investment capital and working capital. The provision of the mentioned financial assistance should be in the form of soft loan with refers to the *syariah* law as acted in Aceh
- c) 25 % of the victims need to continue their study.

#### **2.18. The most needed now to get back on feet**

As mentioned above, the most urgent need to get back on their feet was working capital / seed money and or a paid job, while the rest needed financial aid to continue their study.

- a) Employment-related skills training
- b) Legal advice (on land/property issues, etc.)
- c) Medical services and/or medical rehabilitation services/aids (help to recover from an injury or other condition -- artificial leg or arm, regular treatment, wheelchair, crutches etc.)
- d) Help with care of children, people with disabilities, sick or injured, elderly

From the above reason, generally described the most urgent priorities in this short moment are shelter and housing. Refugee camps did not contrive the victims the privacy of their life, especially for the elderly and women. It should be underlined the priorities in reconstruction and rehabilitation programs should emphasized on the shelter and housing program as initial effort for the rehabilitation and reconstruction.

According to coastal and fishery sector revitalization, the reliable effort should be taken immediately to improve the vulnerable people's living environment:

The Program should provide the fishers who lost their vessels, engines and gear in the tsunami. This effort will help them to restart their livelihoods, it is essential that the process be carried out in a socially and economically responsible manner. This requires an understanding of pre-tsunami vessel ownership and financing practices, crew share systems and types of gear and engines that were used previously.

### **2.19. Type of most positive community institutions**

Since there was no evidence about the best community institutions existing in the affected area, no one answer the right choice. Due to their former experience, the traditional community institution adhere with the local tradition is maybe the better choice. Their cherished experience with the *Keuchik* (village head), conclude the eagerness to build the better community institutions which absolutely take sides on behalf of village communities.

### **2.20. Main Concerns**

The majority of people interviewed identified their needs as concrete rather than emotional. It is evident that having these needs met will aid in their psychosocial healing process.

- a. **Livelihood.** The single greatest concern of people interviewed across communities is loss of livelihood. Entire communities lost their fishing boats and equipment, thus destroying the local economy. While donations are providing for basic needs in the short term, people are extremely worried about how they will survive in the medium-term and long-term when donations are no longer forthcoming. Capital and livelihood materials needed most. A stable source of income is the priority and the majority of the respondents said they would shift occupations if it was no longer possible for them to engage in their previous economic activities. Those interviewed indicated a desire for the provision of capital and livelihood materials as well as skills training. As mentioned the above section, the loss of sources of livelihood cut across all respondent groups, displaced or not. More than half of those interviewed took any available short-term employment to survive as less than 10 percent had received assistance to re-activate their livelihoods.
- b. **Housing.** The next greatest concern is the reestablishment of appropriate housing. In many areas, people are highly fearful of living near the ocean and refuse to do so again; they prefer instead to live on higher ground or further inland. Some are worried about government plans to construct homes in places they feel are too close to the ocean. Resettlement should be close to home and safe from future disasters; If relocated in temporary or permanent resettlement sites, they prefer they be close to their original villages and secure from future natural disasters. Additional critical considerations are opportunities to undertake livelihood activities, i.e. where they can easily find jobs.

- c. Education. The interruption of the education of their children, including adolescent or university students who are supported by disaster survivors is a widely held concern. Some families report that even small transportation and food expenses for children are difficult or impossible for them to afford now that they are without sources of income.
- d. Inequitable distribution of resources. Problems are emerging in some communities related to the unfair distribution of assistance, cash and goods. In some situations, aid groups arrive in camps or villages and simply hand out cash or materials to whoever is nearby or by using population lists which are not always accurate. Other groups choose to give the aid to leaders who may choose to distribute it unevenly. Jealousy and competition among residents results, is reported to be damaging community strength and unity.
- e. Information Access. Many people reported that they see a regular stream of government and NGO officials who collect data, but fail to inform them what they will do with the information they collect or what services they will provide. It was reported feeling the government response has been slow or inadequate, and having more of their needs met by NGOs than by their government at the time of this assessment.

## **2.22. Psychosocial and Traumatic Symptom:**

The disaster made many people have been washed out to sea and thousands of people remain missing or unaccounted for. In addition, the process of identifying thousands of bodies, local and foreign, has proved to be a hard task. It is generally agreed that the recent tsunami is a rare occurrence and it is not likely to happen again in the near future. Unfortunately, rumors about a forthcoming tsunami abound (some even give specific dates), intensifying fears about another disaster. There is a need for accurate information in these communities (some are without significant access to media sources) in order to relieve fears and allow a return to normalcy.

Considering that this disaster is regarded to be one of the worst in recorded history, the resilience of affected communities is remarkable. Survivor had been identified on a number of resources to help them cope with this tragedy.

- a. The strengths in the communities and persons. Strong community and family networks create natural support systems in the communities which are instrumental in the healing process for people affected by the tsunami. Large extended family networks signify that losses for some have been great; however the support system they provide for others is quite strong.
- b. There appears to be a high level of acceptance of the event. Residents report that strong religious affiliations and beliefs are helping them to accept that the losses they suffered were beyond their control.



Many people reported that because this disaster is so large in scale and experienced as a group, they are better able to cope. “Everyone is affected, not only me.” Emotional support is widely available and pain is shared. Community members gather regularly to talk.

### **2.21. Sexual Violence on Girls and Women**

All respondents, both women and girls did not find any cases of sexual violence in their areas or in their surrounding community. This could be because there was no information available or unwillingness to talk about this problem they did not convey any cases of sexual violence.

In order to avoid cases of aggression and violence against young adults and women, the affected community proposed a community/neighbor security system as an immediate measure to improve the situation. The community-based security and safety system should be a part of the overall earthquake and tsunami rehabilitation and reconstruction program.

The most agreeable community leader chosen by the affected community was the *Keuchik*, the local appellation of Aceh-Specific village leader. He/she is not only part of structural government staff but also part of community.

## CHAPTER 3. ANALYSIS.

### 3.1. Socio-economic background

Aceh is at the western-most tip of Indonesia. The total population of Aceh is 4.4 million, and the province is divided into 17 kabupaten (regencies) and 4 kota (municipalities). See Table 2.1 below.

Table 2.1 Geography and Population

Description	Indonesia	Aceh	Percent of Indonesia
Area (km <sup>2</sup> )	1,890,754	51937	2.7%
Number of regencies (kabupaten) 2003	348	17	4.9%
Number of municipalities (kota) 2003	92	4	4.3%
Number of sub districts (kecamatan) 2003	4994	227	4.5%
Number of villages (desa) 2003	70921	5947	8.4%
Population (million) 2003	218.6	4.4	2.0%
Number of households (thousands) 2003	56623	1004	1.8%

*Source, BPS, 2004*

The affected population in the province of Aceh is estimated to be around 2.8 million people. About quarter of the affected areas are urban and the remaining are rural. Bireuen is the affected area with the largest number of inhabitants (348,000) North Aceh (328,500), East Aceh (292,000) and Banda Aceh (239,000). These areas had a young population with those older than 55 constituting only 8% of the population of the province. Children younger than 15 years old were a third of the population while 55% of the population is younger than 25.

Production of oil and gas is very important resource for the rolling economy of Aceh, accounting for 43% of regional GDP in 2003. Aceh's nominal GDP was Rp.38.6 trillion (about \$4.5 billion), 2.3% of national GDP. Aceh's real GDP growth rate in 2003 was 3.4%, about 1 percentage point below the national growth rate at 4.3%. By sectoral basis, except of oil and gas, agriculture has the largest share of GDP at 32%. In agriculture, livestock (10%) and food crops (10%) have the largest shares. Almost half the people in Aceh (47.6%) are employed in agriculture. Aceh has special autonomy status. Because of this status, Aceh has been granted a greater share of revenue from its natural resources, including oil and gas, if compared to other provinces.

Aceh has experienced two decades of continued conflict, even though in low-intensity. The conflict has taken the lives of some 10,000 people, and led to the malfunction of infrastructure and basic services, especially health and education.

This natural disaster then came at a time when the Indonesian Government has scaled-down martial law status in Aceh to that of a civil emergency status.

It is estimated that 35,000 people, predominantly women, children and the aged, had already been displaced by the internal conflict. Some of those displaced have also been affected by the tsunami.

Even facing the long continued conflict and uncertainty, most of Acehnese still feel being a part of the Indonesian Nation, based on the response received of the tsunami affected people.

### **3.2. Social Conditions**

Poverty is severe among those directly affected by the long-running conflict, such as widows and internally displaced people. However, poverty comprises many other aspects than just consumption, and it is in these areas that Aceh faces the greatest challenges. For example, because of the conflict there is a large gap between how social services are delivered in urban areas compared with remote areas, where public health and education services are of lower quality due to poor infrastructure and the difficulty of attracting staff. The result is low school attendance and low coverage of public health programs.

Social indicators of Aceh are not as low as compared to the national average. However, although the province's proportion of medical doctors and hospital beds exceeds the national average, infant immunization rates and antenatal care still lag behind.

Although fewer health facilities than schools have been damaged in the conflict, access to health services, especially at sub-district and village community level, has declined due to security reason of staff and patients. Aceh has no lack of health personnel, but health personnel often afraid or refuse to work in rural areas. The declining coverage of essential preventive programs, including immunization and maternal care, is in fact threatening the health status of the people.

The conflict has also had a powerful impact on education infrastructure damage, including loss of equipment and textbooks. Before the imposition of martial law, school enrollment rates were similar to national rates. Actual daily participation rates were and continue to be much lower. Teacher attendance is poor and there has been a considerable outflow of teachers over the recent conflict period. In light of the above, there can be little doubt that the overall quality of schooling across the province has declined.

The damage and loss for the social sectors covers housing, education and health services and the places of worship. The impact of the earthquake and tsunami has most extensively impacted the social sectors through the destruction of housing. This damage is the largest problem in the damage incurred after the tsunami within the social sectors. The private damage and losses in housing exceeds the costs incurred in all other sectors.

Land and livelihoods, in many cases, are inextricably linked. In an area where the geography changed in a matter of minutes, and population is still shifting, land control and ownership will become a critical issue. This will be an issue not only in agricultural areas, as individuals try to return to land or settle elsewhere, but also in urban areas, as individuals try to rebuild on smaller plots. In Aceh, most of the households lived in self-owned houses and less than 10% of houses were rented.

The majority of houses in Aceh are classified in the semi-modern category with few of houses being classified as traditional and the rest being classified as modern. The data results taken from our survey conducted in Aceh Besar District shows that before the tsunami hit about 71 % of the residents owned their homes and about 24 % have some form of rental agreement, with an additional 1% living in squatter housing and 1 % in domestic quarters. While the overall rental as mentioned by census data is not very high, there are areas such as Banda Aceh where renters comprise almost 25% of the residents, it was not far from the survey results. The shelter needs of these groups would also have to be addressed in the rehabilitation and reconstruction process.

After the tsunami, the above figure has dramatically changes. From the FGD results, we can find the people who still have their own building is only 2 % . While the others living in non-domestic quarters (33 %) and the majority of them (65 %) were living in refugee camps.

Among the groups of traumatized people, especially fishermen whose lives were ravaged by the tsunami are many who are not sure they can go back to the simple lives they and their families once led by the sea. The relocation of fishing communities is one of several issues is confronting as it struggles to rebuild. Concerns are also rising over whether the government will follow through on its promises and whether aid will flow to the right people.

### **3.3. The Main Problem**

Based upon the focused group discussions (FGD), amongst those who claim ownership of their homes before the tsunami, about 36 % reported did not find a problem in claiming their properties. But this statement did not assure their ability to provide valid legal titles to their land. This situation may be different after the disaster since there has been substantial loss of land, most of (entirely) the existing records have been destroyed, many owners may have perished and the water has washed away many boundary and other reference points.

According to Provincial Government data, the percentage of households that have some form of documentation for their house is around 88% in Aceh while only 9% of households hold land certificates. However, today many of the documents have been destroyed and the issue of ownership claims may soon become a source of tension in the area.

While short-term relief needs involve shelter, water and food, the longer term return to income generating activities will be the major challenge in the region. In this context, the dual rural and urban economies with significantly different characteristics should be taken into account in designing productive sector reconstruction strategies. The needs of agriculture, fisheries and informal self-employment jobs in rural areas will be different from the more formal wage work in trade and services in the urban areas.

The livelihoods of people in the agricultural sector and fisheries have been hardest hit. The human toll is highest for workers in the agricultural sector, with 30% of the deceased estimated to have been involved in agriculture. The damage and losses in the agricultural sector and fisheries add up to almost one-fifth of the total cost of the disaster. It is important to realize that the loss of income in agriculture and fisheries make up more than one-third of total losses due to the disaster. In order to minimize these expected losses, it is important to resuscitate the livelihoods in these sectors as quickly as possible. In some areas, the tsunami wave reached farther than five kilometers inland, destroying crops and killing livestock as well as sweeping through houses. While reconstruction is a priority for everyone affected, farmers face a particular challenge in that it may take years for their land to become fertile again, if it has not been altered permanently by loss of top soil.

Employment opportunities created by the cleaning and reconstruction processes may not match the amount of time that the land needs to recover. In addition, with family members injured or dead, it may be impossible to return to farming at pre-tsunami levels. For subsistence farmers, these changes may spell the difference between success or failure. It is estimated that about 10% of the casualties in the disaster were fishermen. Prior to the tsunami, many of them were already in a tenuous position.

Currently, the desire to return to the sea is tempered with fear and a need for information about possible livelihood options. Questions remain for those who do not want to return to coastal areas and who must seek new land and build lives and communities far from what they know. However, there may be some opportunities. With a recovery process that is sensitive to both the needs of the fishers and the environment, it is possible that a more sustainable livelihood in fishing can be developed, and the former exploitative nature of employment for many fishermen be avoided.

Trade and industry were primarily located in urban areas. Many individuals up and down the coast were involved in these sectors across a broad socio-economic spectrum. In Aceh, the informal economy provides a large number of women and men of all ages, but especially those entering the labor market, with opportunities to earn a living. According to the damage assessment, after the housing sector, the largest damage and losses of the disaster are in the trade and industry sector. The analysis shows as many as 80,000 small enterprises have been destroyed, providing income to some 140,000 people in the affected areas. Especially in terms of minimizing future losses, it is important to mobilize resources in order to bring businesses back to life.

The damage assessment shows that infrastructure, social services (excluding housing) and government administration were also hard-hit by the disaster. Although the brunt of the cost is on the public side for these sectors, the lack of these services in the region will have a bearing on the rehabilitation process for private communities. It is expected that the worst-affected levels of government are the village, *kelurahan* and sub-district levels where, in many cases, government officers have been lost, and facilities, assets and records have been completely eradicated. This has major implications for the re-establishment of people's livelihoods. Re-engagement with government by community members will be impossible in these places for the foreseeable future until these important levels of administration are re-established. This is clearly a priority, as people in local neighborhoods have always relied heavily on these local administrations for a wide range of permits and services related to their lives and livelihoods.

In addition to the loss of housing, few refugees are with people of their own communities. They have lost very large numbers of friends and family members, and in many cases have lost entire neighborhoods and communities. The social and economic interactions they took for granted are now gone. This further impacts on livelihoods, and certainly means a very poor quality of life for many if not most for the foreseeable future. The sense of community and mutual self-help built up over generations has thus ceased to exist for many, at least for the time being. This can only add to the loss of confidence that many people are experiencing now. However, there is a sense of mutual purpose and solidarity building amongst people from different areas who are working and living together. Reports also suggest that people are choosing representatives to meet the needs of the moment, even if their traditional or administrative leaders have died or are missing.

It is difficult for many individuals to think about the future, as they are still battling with day-to-day demands and trying to comprehend how their lives have changed. According to BAPPENAS, there are many stories of trauma: 3000 teachers, for example, are currently unable to return to work. On an individual level, people are still terrified when there are aftershocks, and extremely afraid of the sea. There are many effects of trauma. At the worst, individuals are incapacitated and need medical treatment. For many, lives and livelihoods continue, but will be affected in numerous ways. These people need counseling and public support. In addition, they need information about what actually happened to them. Reports from field visits indicate that people are still very confused, providing many opportunities for rumors and additional fear and panic.

Trained mental health professionals are needed to assist the most traumatized victims, and programming going forward needs to include broad counseling; through schools, community organizations and existing village structures. In addition to being sensitive to different effects of trauma, it is also important to realize that different social roles and support networks are available to women, men and children. These create different reactions to traumatic events and generate various coping mechanisms.

It is critical to remember that Aceh is still a conflict area, and security for both survivors and relief/reconstruction personnel must be ensured. While possibly less a factor in Banda Aceh, existing and changing security situations must be taken into account. For instance, even before the tsunami, there were displaced populations in Aceh. At one IDP camp visited by a local NGO, many of the individuals had evacuated before the disaster due to increased hostilities around their village. Now, their homes have been destroyed and their belongings swept away. Reconstruction plans will need to take into account that some communities were already at risk in their original locations or may now be at risk due to a changing security landscape.

### **3.4. Vulnerable People**

There are certain parts of the affected communities that are in a particularly vulnerable position today after the disaster. These vulnerable populations especially include

- (a) the widows that need to single-handedly take care of children with no prior experience in the labor force and in an environment where communal networks have been lost, and
- (b) the children that are orphaned and are in need of care by other adults,
- (c) the elderly people that are in need of care by other adults for their daily living and health care,
- (d) the disabled people that need assistance for their impairments.

#### **3.4.1. Women**

While the physical destruction will take years to mend, the damage done to families will take generations. Both men and women have the emotional trauma of having lost spouses and children, and single-headed households will struggle to simultaneously reenter the market and raise children. For women, the challenges are particularly great. Since Aceh is a conflict area, the number of female-headed households is already high, at 19%. Many of these women were already marginalized and the tsunami brings an additional burden that may prove quite difficult to bear. For example, one woman had recently established a warung with a micro-loan. She had enough capital to start raising a few chickens as well. The tsunami has destroyed her shop and killed her chickens, but she still needs to repay the loan that allowed her start up in the first place.

Of children who still have a surviving mother, 75% of them do not live with extended families and the children and mother of these households mostly have to rely on themselves in coping with the tragedies. Of the newly-widowed women, it is estimated that only 27% have experience with work outside the home. For many of these women, new skills will be necessary to survive. When asked the main reason of not working, most cited household duties (96%) while only 3% were discouraged worker and 1% claimed that they already had financial means. When we examined the classification of their previous jobs, we found that they were involved only in three sectors: agriculture, trade and services. The small proportion of urban single mothers who previously had jobs worked primarily in formal social services, while the rural counterpart worked primarily in agriculture sector.

There is a clear need for reconstruction efforts to maintain a focus on women to be sure that women get the support that they need. In some areas, this is already happening as women's organizations, prayer groups, etc. are already assisting. In some areas, women are still waiting. As one woman in an IDP camp noted: The subordinate position of women in society also makes them targets for physical attacks and abuse, blocks avenues for acquiring necessary skills, and limits their access to resources and power structures. Given the current security situation, these challenges may be amplified. In many camps, women have little say in the allocation of resources. As reconstruction efforts begin, this lack of voice may translate into poor representation in resettlement planning and an inability to express retraining and financing needs.

1. According to Oxfam, Some causes of these patterns are similar: many women across the region died because they stayed behind to look for their children and other relatives; men more often than women can swim, men more often than women can climb trees. But differences are important: women in Aceh have a high level of participation in the labor force, but the wave struck on a Sunday when they were at home and the men were out taking care of errands away from the seafloor.

#### **3.4.2. The Tsunami's Impact on Gender Balance**

There has been no comprehensive survey conducted either by Indonesian Government nor International Organizations yet, but the rapid appraisal data from surveyed areas, more females were killed by the tsunami than males, and in many communities, the number of female deaths was significantly higher than that of the death rates among males. From compiled data, figures are taken from two refugee camps, show significantly higher losses amongst the female population. Previous research generally showed that pre-tsunami, the female population in Aceh was slightly higher than male.

The consequences of this apparent pattern are in some cases clear to see. Men are experiencing serious difficulties having been left to fend for themselves, and taking on unfamiliar tasks as they look after their families. The specific difficulties encountered by men are also noted, for example the possibility that they may lose self esteem as a consequence of not being able to support their families in the aftermath of disaster. But in most cases, the most disadvantaged people will be women.

As rapid appraisal demonstrates the evidence available to date shows that the Tsunami has impacted more on women than on men. In each of the three locations the information (though partial) consistently demonstrates that many more women than men appear to have been killed.

Taking into account the discussion and consultation with the affected women and men at all levels may be the best method in ensuring that what is provided is indeed what people need: whether it is the formula for the babies in camps, whose mortality is a concern; or the underwear and sanitary protection many women ask for; or the physical design of



kitchens in the resettlements, where the wind blows out fires for cooking as soon as they are lit; or the bath room location closer to the homes for having some privacy of the women.

Women protection concerns:

- a) Develop, disseminate and coordination on women protection program. This effort should be undertaken by the most appropriate and acceptable organization and in good collaboration with government, NGOs, religious organizations and community organizations
- b) Ensuring care and protection of separated/unaccompanied, including reunification with family members as a first priority and provision of family based care for orphans
- c) Providing psychosocial support for women and their families affected by the disaster, focusing on strengthening the resiliency of the women and their support networks
- d) Protecting women from violence, abuse and exploitation, including through increase mobilizing the community including:
  - a. Religious and community leaders and members,
  - b. Monitoring, evaluation and reporting,
  - c. Strengthening law enforcement ability to protect women, especially youth, widows and elderly women.

### **3.4.3. Orphans**

Children are the most vulnerable victims of this kind of catastrophes. ADB estimation indicates that 37% of the casualties were children below 18 years old. As many 12,160 or 13% of those who died were infants. Striking as these figures are, they do not capture the fact that in some villages nearly all of the children are gone. In one village, Alu Naga, it was reported that all the children had died. Drawn to flopping fish on the beach as the sea receded, many were then killed by the wave that followed. This is not just a loss now, but it is also an inestimable generational loss for the foreseeable future. The family lives of these children are forever altered. These figures do not take into account the number of children who have lost siblings or extended family members, nor can it capture the trauma of experiencing the catastrophe and living through the death and devastation that followed.

In order to guide aid and rehabilitation efforts relating to orphans in the area, a separate analysis has been run on the number of children that are likely to have lost parents. The analysis reveals that as many as 32,735 children have lost either one or both parents. The number of children who have lost both parents is estimated as high as 7,722 children. Orphans indicate the need to carefully establish mechanisms to provide shelter for families or institutions for them. Attempts at reunification with relatives who lived separately before, orphanage or special children care center, living in pesantren, or in some cases adoption are among the choices that can be explored. Options for them need

to be developed carefully with the Acehnese being the main actors in deciding the best option to choose. This is a very sensitive issue among Acehnese with a lot of coverage in recent newspapers showing that the top- down approach of allocating these children will cause offense and the sensitive issue of religion should not be ignored. Proper registration of these children is a crucial need. If indeed the choice is allocating them outside Aceh, either in institutions or with foster parents, care needs to be taken to ensure that they indeed were allocated in an institution or with foster parents of the same religious affiliation.

For those children that have mothers and /or extended families that can take care of them, putting them in an orphanage might not be an optimal choice. Out of the 7,722 children who have lost their parents, only 20% used to live in extended households. These children might have a choice of living with their extended families, older siblings, grandparents or other relatives. For the remaining 80% who used to live in a nuclear household, the choice might be more limited. This huge number of orphans indicates the need to carefully establish mechanisms to provide shelter for families or institutions for them. Attempts at reunification with relatives who lived separately before, orphanage or special children care center, living in pesantren, or in some cases adoption are among the choices that can be explored. Options for them need to be developed carefully with the Acehnese being the main actors in deciding the best option to choose. This is a very sensitive issue among Acehnese with a lot of coverage in recent newspapers showing that the top- down approach of allocating these children will cause offense and the sensitive issue of religion should not be ignored. Proper registration of these children is a crucial need. If indeed the choice is allocating them outside Aceh, either in institutions or with foster parents, care needs to be taken to ensure that they indeed were allocated in an institution or with foster parents of the same religious affiliation.

#### **3.4.4. The Elderly People**

Public health services in most Tsunami's affected are limited in their coverage and are largely confined to urban areas. These facilities are often overcrowded, unevenly distributed and overstretched due to paucity of funding and qualified personnel, shortage of space, poor maintenance and indifferent services. Majority of older people accept that poor health infrastructure and services, even those didn't meets their basic requirements.

Poverty is a most the most important key issue. Even the most Acehnese people were not categorized as poor people before the tsunami, now they were becoming the poorest group in Indonesia. If the reconstruction program were avoid and deprive many older people for their basic necessities of life and their governments of the resources to support them, then the new problem will aroused. Problems are especially acute in most rural areas, and there may be inter-generational rivalries resulting in violence and abuse of the elderly. This is where community-based involvement may offer opportunities for the views and voices of the aged to be heard.

In all Tsunami's affected areas identified as important for quality of life include material resources; family and social support; health and health care; and opportunities for autonomy and self-actualization. Most of older people were not depend on pensions and

other state transfers, as well as savings, rather than on family remittances or earnings. Although socio-economic inequalities are marked, and sectors of the older population are poor or are at risk of being poor, poverty rates in general are no higher than in the population as a whole.

The older person health status is strongly associated with age, especially very elderly women, with care and assistance needs is relatively high. There are some indicators of reductions in disability in some areas, but even small increases in older population means that the numbers of older people with care and assistance needs will increase. Their health conditions with both social support and socio-economic circumstances; low incomes, poor social support and health problems all may affected the independence and autonomy of older people, as will make a new failure of others to provide opportunities for self-determination.

The government (both national and local), NGO, local community organizations, and donor agency should call for providing the technical, financial and physical assistance to remove elderly people insecurity, Those effort were needed as the answer for many older people – with no savings, low wages, a lack of job security, poor health, no economic support from their children. They just need enough earnings to make the life security meets, little help from their neighbor and communities (especially from younger people) are also the benefited assistance for older people. Those older people can also experience the threat of poverty, as pensions and benefits (if existed) are insufficient to remove financial insecurity.

To understand the nature and extent of support mechanisms is critically important. Most of older people carry on with their lives in spite of health problems, but require proper management and understanding of their ailments. The role of spouses, other family members and community as caregivers, needs attention in terms of quality of care, burdens, availability, living arrangements and gender. The special care required for particular diseases and ailments is beyond the capacity of families so the government, health-care institutions, NGO and local community organization should take a big responsibility by providing specified health care program for such disease and ailments. Lack of government and community awareness in meeting their housing, sanitation, water and environmental needs of older persons should be a government responsibility. Access to information on existing legal, health and welfare provisions is limited, though such information is essential to their physical, mental and social well-being. It is significant that for the older poor poverty is much more than a matter of income alone. Perceptions of powerlessness over one's life as are anxiety and fear of the future generations.

1. To mainstream the issues of ageing into the post-tsunami's reconstruction development process, with focused on the older poor their priority needs in policies and programs;
2. To examine the changes on economic, social and cultural implications of population and how they relationship to development concerns and the needs of older persons;

3. To promote and provide good health throughout the life cycle, starting from young ages, especially through the reproductive ages, to the older ages, including through the provision of affordable, accessible and appropriate health-care information and services;
4. To promote the local social services to create active ageing, including lifelong education and training, and the full participation of older persons in their community life;
5. To support care-giving services provided by older persons, especially women caring for grandchildren orphaned by the effects of tsunami – a problem that is especially acute throughout much of Aceh Province;
6. To promote the appropriate social services and welfare coverage for the elderly, particularly for the poor elderly, who are most commonly women;
7. To promote and implement the eliminating discrimination, violence and abuse of the elderly, especially women, including inter-generational violence arising through poverty situations; *and*
8. To promote inter-generational solidarity with the goal of maintaining and improving social cohesion among the older person lives in post-tsunami affected area;
9. To provide the improved social and health care center specified for the elderly people in most nearest areas.
10. To promote and provide social insurance for most elderly who lives without care-giving services from younger people.

The elderly respondents offered solutions to their problems. Among the key recommendations were to:

1. Empower older persons, by offering training in community groups, social groups, religious groups, etc.,
2. Engage the health and active older persons in poverty-alleviation activities, and
3. Involve older persons in decision-making processes that will affect them socially, economically and politically.
4. Maintaining and promoting the quality of life of older persons by developing a good collaboration between a broad range of government institutions, NGOs and community-based organizations
5. Involving the older persons in the decision-making process related to issues that will affect them.

#### **1.4.5. People With Disabilities**

Most people with disabilities are less able to flee to safety from disaster and they are probably disproportionately represented in the death toll. The WHO estimates 5 - 7% of people in camps or temporary shelters have a disability. As a result of the tsunami, a 20% increase in the number of people with disabilities is estimated<sup>4</sup>. A third to half of all people affected by disaster suffered from mental distress. In practical ways NGOs needs to be involved in the Tsunami response can mainstream disability into their relief, recovery, rehabilitation, reconstruction and development activities to enhance their effectiveness and fulfill their humanitarian obligations.

The subjective evidence resumed from the conducted survey suggests that people with disabilities suffer particularly high rates of mortality and morbidity. This can be the result of a range of factors including;

- a) Tend to be invisible to emergency registration systems. They are frequently left unregistered, which means that they fail to receive their basic entitlements to food, water and clothing and their specific needs are not met either.
- b) Exclusion from disaster response efforts due to problems of access which may be aggravated by change of terrain and loss of support people, mobility, and accessibility/supportive aids (e.g. glasses etc).

Beside the above plan and measures people with disabilities has to be involved in emergency plans. The research team suggested the following considerations for diminishing the vulnerability of disable people.

First measures is involved them in the registration program. People with disabilities are frequently left unregistered, which means that they fail to receive their basic entitlements. Hence, awareness amongst aid workers, special effort to identify and locate people with disabilities is required to ensure registration.

The second measures are to understand that main needs of disabled person are the same as anyone else. Many of the items that people with disabilities need in emergencies are no different from other peoples needs, but might need some specific utilities. For example: it can be harder for people with physical impairments to keep warm, due to lack of movement and poor circulation, so they may have increased need for warm clothing, blankets, firewood.

The third measures are enabling the aids provision (hearing aids, glasses, crutches etc.).

The fourth measures are representation and inclusion. The participation of disaster-affected people in decision-making throughout the project cycle helps to ensure that programs are equitable and effective. Special effort should be made to ensure accessibility and participation of people with disabilities.

The fifth measures to be taken are anti-discrimination. A significant amount of disability is not due to functional impairment, but rather due to environmental factors like built environment designs and negative societal attitudes towards people with disabilities. Hence it was important to raise the awareness of aid /development workers and the community with regards to the rights and needs of people with disabilities.

In addition, ensuring the rights and needs of people with disabilities is addressed could also improve access/services for people with disabilities, the elderly, children, pregnant women and other vulnerable groups.

## **CHAPTER 4. RECOMMENDATION**

Local government, NGO, and community institutions need to be supported to enable and strengthen the effective community participation in designing and implementing rehabilitation programs. Displaced people and older persons must be able to participate in the plans for recovery at every level. Those are a very vital effort in order to achieve durable, sustainable, community-driven reconstruction program. Village councils and other relevant local structures need to be supported as soon as possible. They must have the necessary capacity for appropriate, transparent coordination between local government and their communities, with explicit mechanisms for community participation in planning longer-term rehabilitation.

The community participation (young and old) has been too limited so far, in programs run by non-governmental organizations as well as those run by the UN and the government. Those agencies must now, after the immediate relief phase, ensure that affected communities are put at the center of decision-making.

### **1. Vulnerability and Capacity Assessment**

- a. The very important effort to conduct in the immediate moments is the comprehensive vulnerability and capacity assessment (VCA). This is used as a diagnostic tool to provide analytical data to support better informed decisions on preparedness, mitigation, relief and development activities undertaken by earthquake and tsunami rehabilitation and reconstruction agency. A comprehensive VCA will contribute to a greater understanding of the nature and level of risks that vulnerable people face; where these risks come from; who will be the worst affected; what is available at all levels to reduce the risks and what initiatives can be undertaken to strengthen the impact of the programs to raise the capacity of people at risk.
- b. This assessment would collect, design and analyze the detailed and comprehensive data and information for future detailed implementation used.
- c. Community and people targeted by this effort will involved more extensive number of people and wider area.

### **2. Housing and shelter reconstruction and rehabilitation**

- a. The majority of displaced communities have expressed the desire to return home. In order to do this, they first need water and food to be able to rebuild their houses and recover their farmland. They then need assistance in recovering their former livelihoods or building a new livelihood.
- b. With the destruction of housing infrastructure, and the associated temporary shelter and planned settlements, a number of needs have been raised. Local government and other agencies must prepare the construction action plan and be given practical guidance in temporary settlement construction and management.

- c. Potential environmental impacts associated with the location, design and construction of proposed transit camps need to be taken into account following the closure of camps, appropriate clean-up operations and ecological rehabilitation must be undertaken.
- d. Housing and shelters must meet minimal accessibility levels so that all members of a community can find safety and comfort.
- e. People with disabilities and older persons are especially vulnerable to physical, sexual and emotional abuse and may require additional protection considerations including proximity to facilities and care giving/protective services.
- f. Clothing, bedding and personal hygiene items may need to be adapted or required in additional quantities for people with disabilities and older persons, in particular those with incontinence problems.

### 3. Revitalizing Income Generating Activities

The immediate responds of the income generating activities recovery are to provide:

- a. Combination of financial and materials assistance. Both assistances needed for new investment and operating capital. The new investment will provided more opportunities for the (former/existing) micro and small business ruined by the disaster,
- b. Provision of financial institutions suited with the local culture, such as the adoption of *syariah* financial institution,
- c. Development of the new or strengthening of the former (if any) micro-enterprise groups,
- d. Reestablishment of small trading activities, especially for such rural areas,
- e. Fund assistance in kind of grants and vouchers to provide basic food and nonfood items,

The income generating activities programs should involved the main vulnerable groups such as:

- a. Elderly people;
- b. Widows;
- c. Youth with postponed-education and who need to create income for their future.

### 4. Public Service Revitalization

Possible components of the immediate action on public services recovery programs:

- a. Provision of health-care center for elderly and disable people;
- b. Rebuild and reconstruct the community health center, especially in the most crowded refugee camp;

- c. Rebuild the former integrated service point (*POSYANDU*) to prepare the basic health care for the infant and under-five years children;
- d. Provision and construction of water and sanitation infrastructure;
- e. Provision and reconstruction of livelihood support services;
- f. Efforts should be made to reduce the risks by ensuring physical access to food, developing mechanisms for feeding support and access to energy-dense foods.

#### **5. Other Issues**

- a. Loss Of Social Capital
- b. The Experience Of Trauma
- c. Community security issues
- d. Possible land and home ownership problems

#### **6. Strengthening the Vulnerable Populations**

- a. Women
- b. Children As Orphans
- c. Older persons and people with Disabilities

#### **7. Psychosocial aspect**

- a. Women and youth in particular, increase vulnerability to abuse and exploitation so there is an acute need for psychosocial support for those who are suffering trauma and for social programs to help prevent violence and exploitation.
- b. Establishment of community support centers to provide psychosocial services to the victims of the tsunami, including counseling. The community psychosocial support centers will include:
  - 1. Services to prevent gender-based violence;
  - 2. Provide care for victims of violence;
  - 3. Provide a venue for maintenance of peer support groups,
  - 4. Psychological counseling and psychiatric service,
  - 5. Counseling on reproductive health concerns and referrals.
  - 6. Women affected by the disaster urgently need hygiene supplies and culturally appropriate clothing.
  - 7. Promotes protective environment for women and girls through training and advocacy activities on gender issues targeting relevant stakeholders such as, local government officials, heads of NGOs, program implementers, military officials, religious and community leaders

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