The implementation of reproductive health program during the flash flood disaster in Sijunjung, West Sumatra in 2018

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Abstract: Disaster has negative impacts on the reproductive health conditions of disaster victims, especially for vulnerable groups, namely increased maternal and neonatal deaths, increased risk of cases of sexual violence, sexually transmitted infections, unwanted pregnancies and unsafe abortions. This study aims to evaluate the implementation of the reproductive health program in the flash flood disaster in Sijunjung Regency, West Sumatra in 2018. The research was conducted qualitatively with a systems approach in the form of input, process and output. Determination of informants were done by purposive sampling. Data collection was carried out through in-depth interviews, FGDs, and document review. The results showed the input component: there was no regional regulation on reproductive health programs during a disaster, there were no special personnel for reproductive health, adequate funds, adequate facilities and infrastructure. Process components: no activity planning, no special reproductive health team, data collection has been carried out, needs assessments have been carried out, reproductive health services are available, monitoring has been carried out regularly. Output component: lack of information regarding the existence of reproductive health services during a disaster to the community so that the services provided are not optimal. The implementation of reproductive health programs during the flash flood disaster in Sijunjung Regency has not been optimal in terms of input, process and output. It is hoped that the head of the Sijunjung Regency Health Office will improve the implementation of the reproductive health program during the disaster.

1. Introduction
Natural disasters can occur at any time and significantly effect various aspects of people's lives. The impact of natural disasters can be in the form of property losses, damage to health infrastructure, and the loss of lives [1,2]. Indonesian Disaster Information and Data (DIBI), shows an increase in natural disasters, from 1,694 events (2015) to 2,306 (2016) and 2,862 incidents (2017) [3]. Reported 378 people died / disappeared, 1,042 injured, and 3,674,369 affected and displaced. Also damaged were 117 health facilities, 715 worship facilities, and 1,326 education facilities [3,4]. The geological and geographical conditions of the Province of West Sumatra, which is located in the collision area of 2 large tectonic plates in the Mentawai Islands, causes West Sumatra into the top 6 Provinces in Indonesia with the highest level of disaster events [4,5]. Sijunjung Regency is a district with the highest number of victims the most affected disasters and refugees in West Sumatra in 2017 were 30,277 people, in the form of tornadoes, landslides, floods, and land fires [3,6].
In disaster management efforts carried out by the government of reproductive health services, especially women, children and adolescents. It’s often escaped than discussion has not been a top of priority [4,7,8]. The impact of neglected reproductive health services is unsafe childbirth, because of using in an open space using makeshift equipment, but also in the form of increasing maternal and neonatal deaths. The increasing risk of cases such as sexual violence and further complications, the occurrence of unwanted pregnancy, and unsafe abortion and increased spread of STIs and HIV [9]. The Minimum Initial Service Package (MISP) is a guideline that is held as soon as possible at the beginning of a disaster, namely in the response to the health crisis emergency [10]. Sohrabizadeh (2018) shows that reproductive health services when disasters are not optimal because of human resources (HR), reproductive health service facilities and infrastructure are still limited. Priority identification is carried out after disaster, lack of coordination between institutions and monitoring of reproductive health services that are still not well controlled [11].

Data recapitulation of natural disasters in 2017 in Sijunjung Regency, frequent disasters are flash floods in the areas of Jorong Lalan and Jorong Koto Tuo, Lubuk Tarok District, with 47 KK affected victims (± 280 people). In addition to the impact on the community, the flood disaster also caused access to roads (bridges) in the nagari that collapsed and was cut off due to being hit by flash floods, and the Lubuk Tarok Public Health Center Sijunjung Regency in the nagari was also affected because the location of the public health center which was adjacent to the rice fields. Therefore, we want to know about the reproductive health program at the time of the disaster.

2. Method
This research is a qualitative research with a case of study that uses a systems approach theory in the form of input, process and output. The purpose of this study was to evaluate the implementation of the reproductive health program in the flash flood disaster in Sijunjung Regency, West Sumatra in 2018. The technique of determining the informants of this study was based on purposive sampling with the criteria that the informant was someone who knew more broadly and deeply about health program management. reproduction, to obtain information conducted in-depth interviews with the health office, social services, and the affected Regional Disaster Management Agencies and Public Health Center. In addition, conducting FGDs with affected communities. The results of the interviews and FGDs were written into a transcript, then the answers were grouped into a results matrix based on the answer criteria. After that the results matrix is analyzed through validation of sources from informants of policy makers, namely the Sijunjung Regency health office, implementing policies namely the Public Health Center, Social Institution and Regional Disaster Management Agencies and policy users are affected communities. Then the method validation of the results of data collection using in-depth interviews, FGD, and document review using a discussion matrix table. From the discussion matrix, conclusions are drawn as a result for each research variable.

3. Result
The results of the study showed that the local government policies governing reproductive health programs at the time of the disaster in Sijunjung Regency were not yet in written, it still guided by the central policy namely act of the republic of Indonesia number 24 of 2007 concerning disaster management and also guided by the Minimum Initial Service Package (PPAM) for reproductive health in the health crisis. In line with Siti Nuruniyah's research (2014), namely that the foundation of the policy used in reproductive health services for refugees prone to Merapi eruption, which is based on act of the republic of Indonesia number 24 of 2007 concerning disaster management and decree number 31 of 2010 concerning emergency response [10].

The Sijunjung District Health Office does not yet have local regulations regarding reproductive health programs at the time of a disaster, so it is necessary to immediately make specific policies for reproductive health programs during disasters, so that there are guidelines in implementing reproductive health programs during disasters and all programme activities can be implemented with well. Human Resources (HR) in Sijunjung Regency who handle reproductive health services during
disasters consist of public health workers such as doctors, midwives, and nurses. Specific training on disaster emergency response has been given, but only the Head of the public welfare and nutrition section has participated in the training. only. Sanaz Sohrabizadeh's research (2018), shows that one of the factors impact on reproductive health services, namely the lack of training in emergency response situations to disaster management teams to be more sensitive to reproductive health services, for example health workers who are not trained to deal with cases of sexual violence in disaster areas, causing these workers to not know what actions to be taken [11]

The Sijunjung District Health Office does not have a reproductive health coordinator at the time of the disaster and does not yet have a special team, needs to cough up a special team and conduct disaster emergency response training to all disaster management teams, not only for the section head, but also to the reproductive health coordinator, all teams reproductive health and all teams involved in disaster management, because the team will go to the field in the event of a disaster. There were no funds or specific budgets for reproductive health at the time of the disaster in Sijunjung Regency, but these funds had been incorporated into funds for general disaster management sourced from APBD, APBN, and DIPA. The results of Sandra Krause's (2013) research on reproductive health services for refugees in Jordan stated that there were gaps in funding and equipment, being one of the obstacles in implementing the minimum initial service package in Jordan [12].

The Sijunjung District Health Office has not yet made a special budget for reproductive health programs during disasters, so it is necessary to budget funds based on the results of evaluations of previous activities, especially for reproductive health programs during disasters, so that these funds can support a range of operational activities, streamline activities and in procurement facilities and infrastructure needed during a disaster. Special supporting facilities and infrastructure for reproductive health programs in the event of a disaster in Sijunjung Regency are adequate and sufficient, in the form of emergency rooms and delivery rooms that are open 24 hours, check rooms for mothers and children, rooms for babies and toddlers, counseling rooms, logistics warehouses for additional food, laboratories, and refrigerators for storing medicines, and other supporting facilities such as evacuation tents, evacuation and rescue equipment, cars for clean water, water cleaning machines, field kitchen cars, rubber boats, and logistical packages. This is different from the results of research conducted by Siti Nuruniyah (2014) that reproductive health infrastructure facilities such as sterile delivery kits and emergency maternal and neonatal emergency drugs are not yet available in refugees and referral cars to health care facilities are also still limited [13].

The supporting facilities and infrastructure for disaster management programs and for reproductive health programs during disasters in Sijunjung Regency, it is expected that all agencies involved in disaster management can make the best use of available facilities and infrastructure to provide the best service for victims affected by disaster. Planning specific activity proposals for reproductive health programs at the time of the disaster in Sijunjung Regency were still in the form of socialization and were not yet in writing, because the planning was still incorporated in general disaster management planning. Research conducted by Sanaz Sohrabizadeh (2018), shows that the absence of pre-disaster planning for reproductive health services during disasters causes a lack of coordination between local, regional and national health systems, and causes a lack of equipment and limited human resources in providing reproductive health services at the time disaster [11].

The Sijunjung District Health Office does not yet have a reproductive health program planning at the time of the disaster, so it is necessary to make special plans for reproductive health programs at the time of the disaster, because planning is needed in determining or adjusting the reproductive needs of each refugee in the form of reproductive health kits. In addition, planning is also needed so that there is clarity about the activities to be carried out, for example planning starting from place planning, human resources, medicine supplies, medical equipment supplies, estimation of funding requirements and other activities, so that the service continues to run like services in normal situations, and these activities can be carried out smoothly in accordance with a predetermined plan. The organizational structure or special team for reproductive health programs at the time of the disaster in Sijunjung Regency still does not exist, and is still incorporated in the general disaster management team.
Managers involved in reproductive health programs at the time of the disaster are the team in charge or having expertise in these fields including the field of welfare and nutrition in the Sijunjung District Health Office, including public health workers such as doctors, midwives, and nurses. This is in line with Siti’s research Nuruniyah (2014) namely that the organizational structure of reproductive health service providers for refugees has not been specifically formed and the person responsible for reproductive health services for refugees is midwives who manage reproductive health programs [10].

The Sijunjung District Health Office has not yet formed a special team for reproductive health programs during disasters, so it is necessary to form a special team or coordinator because the team will go to the field and play an important role in ensuring the availability of services and the effectiveness of health workers in providing reproductive health services for groups vulnerable groups displaced during disasters. The implementation of reproductive health programs during disasters in Sijunjung Regency has been carried out in the form of data collection, needs assessments, and providing services. However, the implementation of reproductive health services during disasters is still not optimal, due to the lack of socialization or information to the community in refugee about the existence of reproductive health services at the time of the disaster so that the public did not know this information. This is different from the research conducted by Suryati (2013), for example the needs of young women during menstruation in a disaster emergency situation that is 95.10% needing duk / softex, 55.24% needing underpants, and 19% need medicines, but at the time of the disaster, these needs have not been fulfilled [14].

The Sijunjung District Health Office, needs to provide information or socialization to the public about the existence of reproductive health services at the time of the disaster, so that the public knows about it and their reproductive health needs can be fully satisfied. Supervision for reproductive health programs during disasters in Sijunjung Regency has been carried out regularly every day by teams in the field of disaster management and nutrition sector from the health department, in collaboration with health workers or picket officers from puskesmas, disaster management teams from Regional Disaster Management Agencies and the TAGANA team from the Social Service. This is different from the results of research conducted by Sanaz Sohrabizadeh (2018) namely that the lack of a monitoring system of care for pregnant women living in disaster areas, resulting in pregnant women not getting reproductive health services at the time of the disaster [11].

Supervision of reproductive health programs during disasters in Sijunjung Regency is in accordance with the guidelines for the Minimum Initial Service Package (PPAM) for reproductive health in emergency response situations, which is carried out periodically to monitor the needs of refugees, and supervision is also needed to improve activities or programs in the future. The coverage of reproductive health program indicators at the time of disaster in Sijunjung Regency, namely reproductive health services to the community has been served, logistics needs have been met, and problems when the disaster has been addressed. This can be seen from the absence of public complaints about reproductive health issues and the community has satisfied with the services provided at the time of the disaster, both health services in general, as well as reproductive health services. However, the implementation of reproductive health services at the time of the disaster was not yet optimal, due to the lack of socialization or information to the people in refugee about the existence of reproductive health services at the time of the disaster.

However, in terms of inputs, processes and outputs, management of the implementation of reproductive health programs at the time of the disaster in Sijunjung Regency was still not optimal due to the absence of local policies or regulations regarding the implementation of reproductive health programs at the time of disaster, there is no specific planning for reproductive health programs at the time of a disaster, and there has been no formation of a special reproductive health team at the time of the disaster, so that all activities carried out at the time of the disaster are still not structured. Therefore, it is expected that the Sijunjung District Health Office, in collaboration with relevant agencies in disaster management programs, will make the management of reproductive health programs at the time of the disaster, starting from making policies, making plans, and forming...
organizational structures specifically for reproductive health during disasters, so that all activities can run well and structured.

4. Conclusion

The implementation of reproductive health programs during the flash flood disaster in Sijunjung Regency was still not optimal, and still lacking coordination or fields. It is expected that local regulations that support the program, inter-sectoral coordination will be enhanced with comprehensive implementation planning and monitoring, and for health agencies and public health center as implementers can be able to train special personnel, and increase public knowledge through regular counseling and a special hotline for disasters.

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