

TRANSITION TO COMPREHENSIVE SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN THE ERA OF CLIMATE DISASTER THREATS IN INDONESIA: ANALYSIS OF POLICY GAPS IN THE REPRODUCTIVE HEALTH SECTOR IN INDONESIA'S NATIONAL HEALTH CRISIS RESPONSE GUIDELINES

A Capstone

**Submitted to the Master's Study Program of Public Policy Specializing
in Climate Change at the Faculty of Social Sciences in partial
fulfillment of the requirements for the degree of**

Master of Public Policy (M.P.P)



by:

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UNIVERSITAS ISLAM INTERNASIONAL INDONESIA

DEPOK

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ABSTRACT

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The Indonesian health sector faces unprecedented challenges as the frequency and intensity of natural disasters such as floods and droughts increase due to climate change. These disasters disproportionately disrupt sexual and reproductive health (SRH) services, threatening the well-being and rights of women, adolescents, and other vulnerable groups. In response, Minister of Health Decree No. HK.01.07/Menkes/1502/2023 established the National Guidelines for Health Crisis Management, marking an important step toward strengthening disaster response for SRH. However, critical policy gaps remain, particularly the limited distribution of reproductive health kits (RH Kits) and the absence of mechanisms to empower communities to assess their own SRH needs during crises. A comprehensive policy analysis shows that current protocols, which limit the distribution of RH Kits to major disasters, are not aligned with international best practices such as the Minimum Initial Service Package (MISP). These global standards advocate for flexible and context-sensitive SRH interventions from the onset of a humanitarian emergency, regardless of its scale. Additionally, the absence of community-based self-assessment training results in delays and low effectiveness in the delivery of SRH services, particularly in Indonesia's vast and disaster-prone regions. This study recommends two transformative policy and program shifts to address these challenges. First, Indonesia needs to adopt a more detailed disaster classification system, enabling the deployment of tailored and timely Reproductive Health Kits (RH Kits) for minor, moderate, and major events. Second, the country should institutionalize community-based self-assessment training, leveraging local leaders, peer educators, and digital tools to empower individuals and families to identify and communicate their SRH needs quickly. This strategy requires strong multi-stakeholder collaboration, sustainable resource allocation, and continuous monitoring and evaluation to ensure effectiveness and sustainability. Implementing these recommendations will not only improve the timeliness and equity of SRH service provision during disasters but also strengthen Indonesia's commitment to health equity, gender rights, and international humanitarian standards. By integrating flexibility, inclusivity, and community participation into health crisis management, Indonesia can become a regional leader in climate-resilient public health, ensuring that no one is left behind as climate risks increase.

Keywords: Climate change, Minimum Initial Service Package, Sex Reproductive Health.

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ABBREVIATIONS

BNPB	:	<i>Badan Nasional Penanggulangan Bencana (National Disaster Management Authority)</i>
DRR	:	<i>Disaster Risk Reduction</i>
EMT	:	<i>Emergency Medical Team</i>
FAO	:	<i>Food and Agriculture Organization</i>
GBV	:	<i>Gender-Based Violence</i>
IPCC	:	<i>Intergovernmental Panel on Climate Change</i>
IAWG	:	<i>Inter-Agency Working Group on Reproductive Health in Crisis</i>
MISP	:	<i>Minimum Initial Service Package</i>
MoH	:	<i>Ministry of Health</i>
OCHA	:	<i>United Nations Office for the Coordination of Humanitarian Affairs</i>
RH	:	<i>Reproductive Health</i>
RHA	:	<i>Rapid Health Assessment</i>
SDGs	:	<i>Sustainable Development Goals</i>
SRH	:	<i>Sexual and Reproductive Health</i>
STI	:	<i>Sexually Transmitted Infections</i>
UNFPA	:	<i>United Nations Population Fund</i>
UNHCR	:	<i>United Nations High Commissioner for Refugees</i>
UNICEF	:	<i>United Nations Children's Fund</i>
WHO	:	<i>World Health Organization</i>
WMO	:	<i>World Meteorological Organization</i>

CHAPTER I INTRODUCTION

1.1. Background

As the world's largest archipelagic country, Indonesia is highly vulnerable to the increasingly severe impacts of climate change. Its geographical location along the Pacific Ring of Fire and extensive tropical coastline make it prone to high-frequency natural disasters, including floods, droughts, storms, and sea level rise (IPCC, 2022). In recent years, the intensity and uncertainty of disasters caused by climate change have increased, posing unprecedented challenges to national health systems, particularly in the area of sexual and reproductive health (SRH). SRH services, which include maternal and newborn care, contraception, prevention and treatment of Sexually Transmitted Infections (STIs), as well as responses to gender-based violence (GBV), are the most disrupted services during humanitarian emergencies, yet they are critical to protecting the health, dignity, and rights of women, adolescents, and marginalized groups (UNFPA, 2021).

The urgency of addressing SRH in the context of climate disasters is underscored by the increasing burden of disasters in Indonesia and the disproportionate risks vulnerable groups face. According to the National Disaster Management Agency (BNPB), floods and droughts are becoming more frequent and severe, affecting millions of people yearly and causing displacement, loss of livelihoods, and disruption of essential services (BNPB, 2022). The Intergovernmental Panel on Climate Change (IPCC) predicts that Southeast Asia will experience further increases in extreme weather events, directly affecting health infrastructure and service provision (IPCC, 2022). Disruptions to sexual and reproductive health (SRH) services during disasters can lead to increased maternal and infant mortality, unmet contraceptive needs, unsafe abortions, and spikes in gender-based violence (GBV) and child marriage (Blanchet et al., 2017).

This topic is particularly urgent in Indonesia, where health system capacity is uneven and remote, rural, and island communities are often the last to receive humanitarian assistance. The COVID-19 pandemic has further highlighted the vulnerability of SRH service provision during concurrent crises, emphasizing the need for resilient, adaptive, and community-centered health systems (UNFPA, 2022). Government policy responses, as outlined in the Minister of Health Decision No. HK.01.07/Menkes/1502/2023 represents significant steps toward institutionalizing disaster health management. However, persistent policy and implementation gaps

threaten these efforts, making this analysis timely and critical for informing future reforms.

A growing body of interdisciplinary research has explored the intersections between climate change, disaster risk, and SRH outcomes. Global frameworks such as the Minimum Initial Services Package (MISP) for reproductive health in crises and the Sphere Guidelines have established the necessity for rapid and context-sensitive SRH interventions in all humanitarian settings (IAWG, 2018; Sphere Association, 2018). Empirical studies from diverse contexts, including South Asia, Sub-Saharan Africa, the Pacific, and Latin America, have shown that climate disasters often cause disruptions to SRH services, leading to increased maternal and child mortality, reduced access to contraception, and increased vulnerability to gender-based violence (GBV) (Singh et al., 2021).

In Indonesia, research has documented the impact of floods and droughts on health system functioning, focusing on disruptions to maternal and child health services, shortages of essential medicines, and barriers to accessing care in remote areas (BNPB, 2022). Studies also highlight the importance of community involvement, supply chain resilience, and inter-sectoral coordination for effective SRH responses (Blanchet et al., 2017; Kruk et al., 2015). However, despite national guidelines and global best practices, persistent gaps remain in the timely distribution of Reproductive Health Kits, community empowerment for self-assessment, and the integration of SRH into broader disaster risk reduction and climate adaptation strategies (UNFPA, 2021). Recent literature calls for a shift from reactive and top-down approaches toward more proactive, inclusive, and adaptive models in the provision of SRH services in disaster contexts (Wenham et al., 2020).

Therefore, the intersection between climate change, disaster risk, and the provision of sexual and reproductive health (SRH) services in Indonesia is an urgent and complex policy arena with significant implications for health equity, gender rights, and national resilience. While Indonesia has made progress in institutionalizing health crisis management, critical gaps in policy design, community empowerment, and consistent implementation persist. Addressing these challenges requires a comprehensive and evidence-based approach that integrates global best practices, interdisciplinary research, and the real-world experiences of affected communities. This analysis aims to contribute to these efforts by identifying implementable

recommendations for building a more climate-resilient, inclusive, and effective SRH system in Indonesia.

1.2. Research Question

1. How do climate disasters affect access to sexual and reproductive health (SRH) services in Indonesia?
2. What are the main policy gaps in SRH service guidelines in Indonesia during climate disasters?
3. What changes could help achieve climate-resilient and sustainable SRH services in Indonesia?

1.3. Objective

This study aims to understand how climate disasters such as floods and droughts affect access to sexual and reproductive health (SRH) services in Indonesia by identifying key gaps in current national policies and guidelines. The study seeks to analyze how these policy gaps affect the availability and quality of SRH services for those affected by disasters, and to propose practical solutions to make SRH services more reliable and accessible during and after such events. Ultimately, this research aims to support improvements in SRH policies so all individuals can access essential care, even in crises.

1.4. Scope and Limitations

This study focuses on analyzing the impact of climate change-induced disasters-specifically floods and droughts, on the accessibility and sustainability of sexual and reproductive health (SRH) services in Indonesia. The study examines national-level policies in Indonesia, focusing on the Indonesian National Health Crisis Response Guidelines, to identify gaps and challenges in ensuring the provision of comprehensive SRH services in the context of climate disasters such as floods and droughts. The research also explores recommendations and strategies for policy improvement, drawing on international standards such as the Minimum Initial Service Package (MISP). Data sources include policy documents, relevant literature, and secondary data from government and humanitarian organizations.

This study is limited by its reliance on secondary data and policy analysis, as it does not include primary data collection such as field surveys or interviews with affected communities. The research focus is limited to national-level policies and may not fully capture variations in SRH service provision at the provincial or local levels. Furthermore, this study focuses on floods and droughts as representative climate

disasters. Finally, the analysis may be limited by the availability and recency of published policy documents and literature.

1.5. Approach

This study uses a qualitative policy analysis approach to examine how climate-induced disasters affect sexual and reproductive health (SRH) services in Indonesia. The study involves a systematic review and analysis of the Indonesian National Health Crisis Response Guidelines and other relevant policy documents to identify gaps and challenges in providing SRH services during floods and droughts. Additionally, the research draws on international standards and best practices, such as the Minimum Initial Service Package (MISP), to compare Indonesian policies with global recommendations. Secondary data from government reports, academic literature, and humanitarian organizations supported the analysis and provided context for the findings. This approach allows for a comprehensive understanding of the strengths and weaknesses of policies and offers practical recommendations for improving SRH services in climate disaster situations in Indonesia.

CHAPTER II CONCEPTUAL FRAMEWORK

This research framework is designed to analyze how climate change-induced disasters, particularly floods and droughts, have affected the provision of sexual and reproductive health (SRH) services in Indonesia. A policy analysis approach is particularly appropriate for this context, as it allows for the systematic identification of institutional, regulatory, and operational barriers that may hinder the adequate provision of SRH services during emergencies (Walt & Gilson, 1994). Focusing on the interaction between climate change and health system responses, this framework recognizes that the increasing frequency and intensity of disasters place significant pressure on SRH service delivery systems, requiring a structured examination of policy adequacy and existing gaps (Buse, Mays, & Walt, 2012).

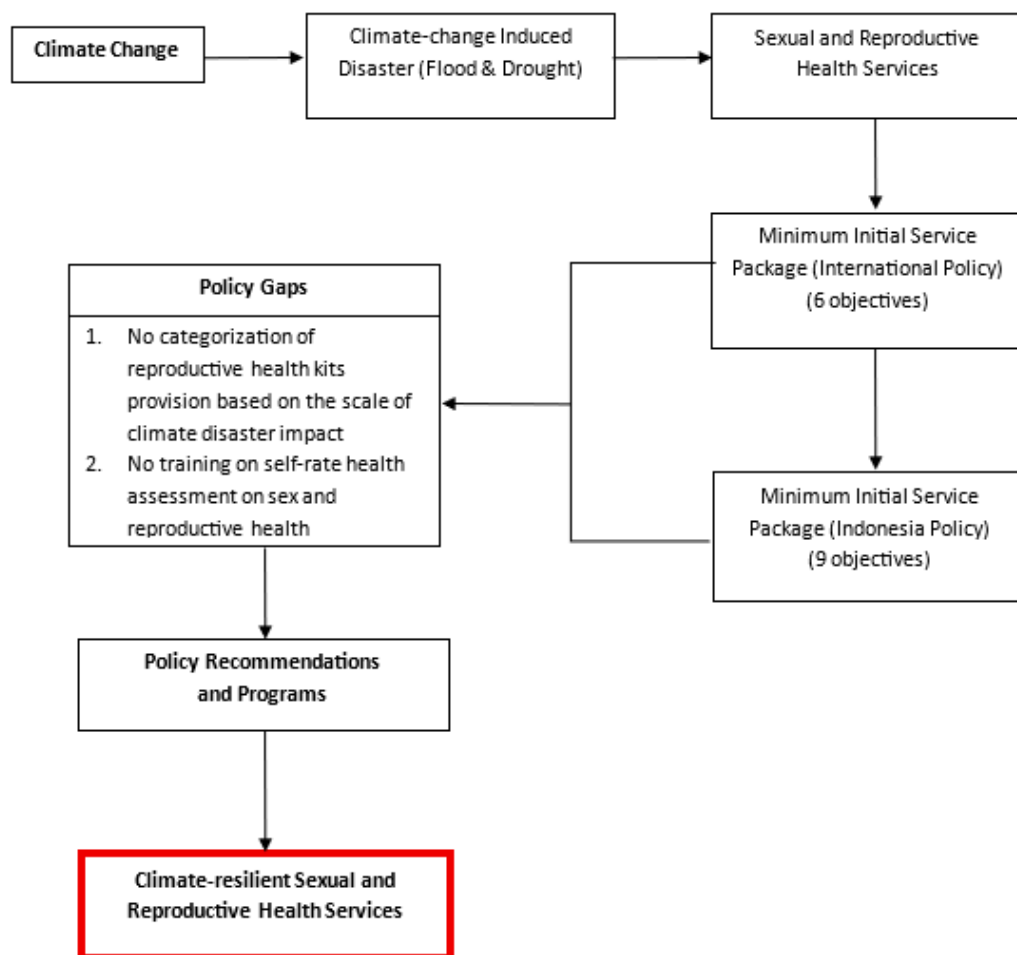


Figure 1. Illustrative Framework (Author, 2025)

The primary focus of this framework is to identify policy gaps that hinder effective SRH responses during such disasters. Two main gaps have been identified: first, the absence of a system to classify the provision of reproductive health packages based on the scale of climate disaster impacts, and second, the lack of training for communities to conduct self-assessments of their health in relation to the sexual and reproductive health services they will receive. The use of gap analysis methodology is widely recognized as an effective way to highlight discrepancies between policy intent and implementation and identify areas requiring targeted reforms (Peters et al., 2013). This approach is particularly relevant for health systems strained by climate-related shocks, where rapid adaptation and learning are essential.

This framework is based on the Minimum Initial Services Package (MISP) for reproductive health in emergencies, which serves as an international reference for SRH interventions in crisis situations (IAWG, 2018). Comparative policy analysis that compares national policies with international standards enables critical evaluation of Indonesia's alignment with global best practices and supports the identification of context-specific adaptation needs (Buse, Mays, & Walt, 2012).

Ultimately, this framework guides the development of targeted policy recommendations and programs to achieve climate-resilient SRH services. The use of structured comparative policy analysis is justified by its proven ability to generate actionable, evidence-based recommendations and to promote cross-context policy learning (Peters et al., 2013). This comprehensive approach supports ongoing efforts to enhance the resilience, adaptability, and effectiveness of SRH service delivery in Indonesia as the frequency and intensity of climate-related disasters increase.

CHAPTER III

THE IMPACT OF CLIMATE CHANGE-INDUCED DISASTERS (FLOOD AND DROUGHT) ON SEX AND REPRODUCTIVE HEALTH SERVICES

3.1. Why are floods and droughts considered climate-change-induced disasters?

Floods and droughts are among the most devastating and frequent natural disasters worldwide, and their impacts are particularly severe in countries such as Indonesia, which is highly vulnerable due to its geography and climate. Scientific research and international assessments increasingly identify climate change as a key driver behind these extreme hydrological phenomena and changing patterns. Understanding how climate change influences floods and droughts is crucial for effective disaster risk management and building community resilience in the face of climate change.

The Intergovernmental Panel on Climate Change (IPCC), in its Sixth Assessment Report (2022), provides strong evidence that human-induced (anthropogenic) climate change is fundamentally altering the global water cycle. The warming of the Earth's atmosphere, primarily due to greenhouse gas emissions from fossil fuel combustion, deforestation, and other human activities, has caused significant changes in temperature, rainfall patterns, and atmospheric humidity. These changes are directly linked to the increased frequency, intensity, and uncertainty of floods and droughts worldwide (IPCC, 2022).

The science of event attribution has developed rapidly in recent years, enabling researchers to assess the extent to which specific extreme weather events can be linked to human-induced climate change. Studies using climate models and historical data show that recent floods and droughts have become more likely or severe due to global warming (Van Oldenborgh et al., 2021).

For example, the 2021 floods in South Kalimantan, Indonesia, were found to be influenced by climate change and local land-use change, with increased rainfall intensity driven by climate change playing a significant role (Setiawan et al., 2023). Similarly, severe droughts in Java and other parts of Indonesia have been linked to shifts in rainfall patterns and higher temperatures in line with climate change projections (World Bank, 2021).

Indonesia is projected to experience a steady increase in the frequency and intensity of floods and droughts as climate warming progresses (IPCC, 2022). The

country's vulnerability is exacerbated by its archipelagic geography, high population density in flood-prone areas, and dependence on rain-fed agriculture.

Therefore, floods and droughts are increasingly recognized as climate-induced disasters, supported by clear scientific evidence linking their increased frequency, intensity, and uncertainty to global warming and associated changes in the hydrological cycle. In Indonesia, these hazards are not only occurring more frequently but are also more damaging due to factors triggered by climate change, such as changing rainfall patterns, higher temperatures, and sea level rise. Recognizing the climate change origins of these disasters is critical to developing effective adaptation and mitigation strategies, strengthening disaster preparedness, and building resilience in vulnerable communities.

3.2. Impact of Flood on Sex Reproductive Health Services

Floods are one of Indonesia's most frequent and destructive natural disasters, affecting millions of lives every year. The country's climate change and rapid urbanization make it highly vulnerable to river and coastal flooding. While the immediate consequences of flooding, such as displacement, injury, and loss of life, are widely recognized, the broader and often less visible impacts on sexual and reproductive health (SRH) services are equally important. Flooding disrupts the provision and accessibility of essential SRH services, exacerbating risks for women, girls, and marginalized groups.

Floods can cause severe damage to health facilities, including clinics, hospitals, and community health centers, which are essential for providing SRH services. Waterlogging, damage to medical equipment, and loss of electricity and water supplies can force facilities to close temporarily or permanently (Sphere Association, 2018). These disruptions are particularly severe in rural and remote areas, where alternative sources of care may be limited or unavailable.

In addition to physical damage, floods often disrupt transportation networks, making it difficult for health workers and patients to reach health facilities. Pregnant women may be unable to access trained midwives or emergency obstetric care, increasing the risk of maternal and infant morbidity and mortality (UNFPA, 2021). Disruptions to referral systems can delay or prevent life-saving interventions for complications such as hemorrhage, sepsis, or obstructed labor.

Floods can seriously disrupt the supply chain for sexual and reproductive health (SRH) commodities, including contraceptives, clean delivery kits, medicines for

sexually transmitted infections (STIs), and menstrual hygiene products. Roads and bridges may be impassable, warehouses flooded, and distribution systems paralyzed (UNFPA, 2021). Contraceptive shortages can lead to an increase in unplanned pregnancies, while the inability to access safe delivery kits and essential medicines increases the risk of complications for mothers and newborns.

Additionally, shortages of menstrual hygiene supplies can contribute to poor menstrual health and loss of dignity for women and girls, particularly in shelters or displacement settings where privacy and sanitation are often inadequate (UNICEF, 2022). The unavailability of post-exposure prophylaxis and emergency contraception also leaves survivors of sexual violence without critical care.

Furthermore, floods often disrupt communication infrastructure, hindering the dissemination of critical health information. Community outreach activities like health education sessions, mobile clinics, and peer support groups may be suspended or inaccessible (Sphere Association, 2018). As a result, individuals may lack knowledge about available SRH services, danger signs during pregnancy, or how to access care during emergencies.

For adolescents and marginalized groups, who already face barriers in accessing SRH information and services, flooding can exacerbate isolation and risk (UNFPA, 2021). Disruptions to outreach programs also hinder efforts to prevent and control sexually transmitted infections (STIs), including HIV. Floods can disrupt the continuity of care for individuals with ongoing SRH needs, such as pregnant or postpartum women, people living with HIV, or women undergoing treatment for reproductive cancers. Missed appointments, loss of medical records, and displacement can lead to treatment interruptions, increased health risks, and poorer outcomes (Ministry of Health RI, 2023).

Ultimately, floods have a profound and multifaceted impact on sexual and reproductive health services in Indonesia. Floods disrupt infrastructure, supply chains, and outreach activities, increase vulnerability to violence, and disrupt the continuity of care. Addressing these challenges requires integrating SRH into disaster planning and response, strengthening supply chains, ensuring community participation, and prioritizing the needs of women, girls, and marginalized groups. By building climate-resilient SRH systems, Indonesia can better protect the health and rights of its people in the face of increasing flood risks.

3.3. Impact of Drought on Sex Reproduction Health Services

Drought, defined as a prolonged period of inadequate rainfall that causes water scarcity, is a recurring challenge in Indonesia, particularly in regions such as Java, East Nusa Tenggara, and parts of Sumatra and Sulawesi (FAO, 2021). While the immediate consequences of drought, such as crop failure, food insecurity, and economic hardship, are widely recognized, the less visible but equally critical impacts on sexual and reproductive health (SRH) services are often overlooked. Drought can disrupt the provision, accessibility, and quality of essential SRH services, exacerbating risks for women, girls, and vulnerable groups.

Drought places significant strain on health facilities by reducing access to clean water, which is vital for maintaining hygiene and infection control. Clinics and hospitals may experience water shortages that hinder their ability to provide safe deliveries, sterilize medical equipment, and maintain sanitary conditions (Ministry of Health RI, 2023). In some cases, health posts may be forced to close or reduce services due to water shortages, further limiting access to SRH services for those who need them. The absence of a reliable water supply disproportionately impacts the health of mothers and newborns. Pregnant women face a higher risk of infection during childbirth, while newborns are more vulnerable to sepsis and other complications when hygiene standards cannot be maintained. The inability to ensure safe childbirth in drought conditions can lead to increased maternal and neonatal morbidity and mortality rates (UNFPA, 2021).

Additionally, drought often leads to mass displacement as families are forced to migrate in search of water and livelihood opportunities. This displacement disrupts established health-seeking behavior and can result in reduced utilization of SRH services, particularly for antenatal and postnatal care, contraception, and treatment of sexually transmitted infections (STIs) (UNFPA, 2021). Women and girls in communities that are displaced or isolated may face long distances to the nearest health facility, further exacerbating access barriers. Drought can disrupt the supply chain of essential SRH commodities, including contraceptives, menstrual hygiene products, and medicines for STIs.

Road conditions may deteriorate, and logistical challenges may increase as resources are diverted for emergency water and food distribution (Sphere Association, 2018). Contraceptive shortages may lead to increased rates of unintended pregnancies, while shortages of menstrual hygiene supplies may undermine the dignity and health

of women and girls. In prolonged drought, prioritization of limited resources may result in delays in SRH services and supplies, further exacerbating unmet needs. This is particularly problematic in rural and remote areas, where health systems are already under strain (Ministry of Health RI, 2023).

Drought can disrupt communication networks and community outreach activities, limiting the dissemination of critical health information. Health education on family planning, safe pregnancy, and prevention of sexually transmitted infections (STIs) may be suspended or deprioritized when communities focus on urgent survival needs (Sphere Association, 2018). This lack of information can lead to reduced awareness of available SRH services and increased risky behaviors, particularly among adolescents and marginalized groups.

Despite these recognized risks, SRH services are often not prioritized in drought response policies, which focus on water, food, and general health. Indonesia's national guidelines may not include specific provisions for maintaining SRH services during prolonged droughts, resulting in gaps in service delivery and unmet needs (Ministry of Health RI, 2023). International standards, such as the Minimum Initial Service Package (MISP), emphasize the importance of integrating SRH into all humanitarian emergency responses, including for drought, to protect affected populations' health and rights (Sphere Association, 2018).

CHAPTER IV

POLICY ANALYSIS ON SEX AND REPRODUCTIVE HEALTH SERVICES IN INDONESIA

4.1. Minimum Initial Service Package policy as a guideline for implementing sexual and reproductive health services in Indonesia

The Minimum Initial Service Package (MISP) for sexual and reproductive health (SRH) is a globally recognized framework to ensure the provision of critical SRH services in the early phase of a humanitarian emergency. Developed by the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG) and supported by organizations such as UNFPA, WHO, and UNHCR, MISP has evolved from field experience and evidence-based practices in various contexts (UNHCR, 2019).

MISP was first codified in the 1999 Inter-Agency Field Manual on Reproductive Health in Humanitarian Situations, in response to evidence that reproductive health needs were systematically neglected in emergencies, contributing to preventable maternal and infant deaths, sexual violence, and HIV transmission (IAWG, 2018). Over time, MISP has been refined through field experience in various conflict crises, natural disasters, and complex emergencies, leading to its adoption as a core standard by the Sphere Project and its integration into the Humanitarian Program Cycle (OCHA, 2021).

The Minister of Health of the Republic of Indonesia's Decision Number HK.01.07/Menkes/1502/2023 on National Guidelines for Health Crisis Management is a direct result of this global movement. Indonesia aims to ensure the availability of reproductive health services during health crises in Indonesia, including health crises caused by climate disasters such as floods and droughts. The following is a comparison between the global MISP objectives and their adaptation to the Minister of Health's decision:

Table1. Comparison of MISP Components at the Global Level with Adjustments in Indonesia

Internasional's MISP	Indonesia's MISP
Components	Components
Component 1: Health clusters designate organizations/coordinators to coordinate MISP implementation	Component 1: Health clusters designate organizations/coordinators to coordinate MISP implementation

Component 2: Preventing sexual violence and responding to survivors' needs	Component 2: Preventing sexual violence and responding to survivors' needs
Component 3: Prevent transmission and reduce suffering and mortality from HIV and other STIs	Component 3: Prevent transmission and reduce suffering and mortality from HIV and other STIs
Component 4: Preventing increased maternal and neonatal morbidity and mortality	Component 4: Preventing increased maternal and neonatal morbidity and mortality
Component 5: Preventing unintended pregnancies	Component 5: Preventing unintended pregnancies
Component 6: Planning comprehensive reproductive health services integrated with basic health services	Component 6: Planning comprehensive reproductive health services integrated with basic health services
	Development components
	Component 7: Adolescent reproductive health and youth engagement
	Component 8: Minimum health services for infants*
	Component 9: Minimum Health Services for the Elderly (PMKL)*

Indonesia is one of the most disaster-prone countries in the world, frequently hit by floods, earthquakes, volcanic eruptions, tsunamis, and increasingly frequent disasters caused by climate change (ReliefWeb, 2022). These events often overwhelm local health systems, disrupt infrastructure, and displace large populations. The proven effectiveness of MISIP in various global emergencies makes it a logical and necessary choice for Indonesia to ensure a rapid, standardized, and equitable reproductive and sexual health (SRH) response in crises.

Crises exacerbate vulnerabilities, particularly for women, girls, and marginalized groups, increasing the risk of maternal and newborn mortality, sexual violence, and the spread of sexually transmitted infections (STIs) (Singh et al., 2021).

MISP directly addresses these risks by mandating the immediate provision of essential SRH services, which have been proven to reduce preventable deaths and suffering in humanitarian contexts (Krause et al., 2015). Adopting MISP enables Indonesia to fulfill its international obligations and protect the health and rights of its most vulnerable citizens.

MISP provides globally validated protocols and standard tools, such as reproductive health packages, clinical guidelines, and monitoring indicators (WHO, 2019). By adopting MISP, Indonesia can leverage international expertise, lessons learned, and a quality assurance framework that supports effective implementation, monitoring, and continuous improvement (Singh et al., 2021).

Alignment with the MISP framework facilitates partnerships with international agencies, donors, and CSOs, ensuring that Indonesia can quickly mobilize technical, financial, and logistical support in large-scale emergencies (OCHA, 2021). This harmonization also enables Indonesia to participate in global learning networks, share best practices, and contribute to the sustainable development of humanitarian SRH standards.

The MISP's emphasis on preparedness, capacity building, and integration with disaster risk reduction (DRR) strategies strengthens Indonesia's health system's resilience. Training programs, simulation exercises, and the institutionalization of MISP protocols ensure that health workers are ready to respond effectively in any crisis, reducing the impact of future disasters (OCHA, 2021).

The global Minimum Initial Service Package has been central in shaping Indonesia's National Health Crisis Management Guidelines (HK.01.07/Menkes/1502/2023). By adopting and adapting MISP, Indonesia ensures that disaster response is based on internationally recognized best practices, tailored to local realities, and capable of protecting the health and dignity of its population during emergencies. The high frequency of disasters, the need to address critical vulnerabilities in sexual and reproductive health (SRH), and the benefits of consistent, accountable, and collaborative action make adopting MISP logical and essential for Indonesia's national health security and humanitarian leadership.

4.2. Gap in Policies Governing Sex Reproductive Health Service (SRH) during Climate-Change Induced (Flood and Drought) Disaster Intervention

Indonesia's geographical vulnerability to climate change, marked by increasingly frequent and severe floods and droughts, has profound implications for

public health, particularly sexual and reproductive health (SRH) services—the Minister of Health's Decree No. HK.01.07/Menkes/1502/2023 on National Guidelines for Health Crisis Management is an essential step toward strengthening the national health response to disasters. However, a thorough analysis reveals two key policy gaps that threaten the effectiveness, inclusiveness, and timeliness of SRH interventions during climate-induced emergencies.

Restriction of Reproductive Health Kit Distribution to Major Disasters

The first critical gap relates to policies restricting the distribution of reproductive health kits (RH Kits). Under current regulations, RH Kits are only provided in major disasters, which are defined by severe damage to health infrastructure and mass displacement. This threshold-based approach fails to recognize that even small or moderate disasters can disrupt the continuity and quality of SRH services, creating urgent needs among affected groups. For example, localized flooding in remote villages can cut off access to health facilities for days or weeks, while prolonged droughts can worsen water and sanitation conditions, increasing the risk of infections and maternal complications (World Bank, 2021).

These policy gaps are particularly concerning given Indonesia's experience with recurrent disasters that have received insufficient attention and have significantly impacted population health. The Minimum Initial Service Package (MISP) for SRH, as outlined by the Inter-Agency Working Group on Reproductive Health in Crisis (IAWG), sets global standards emphasizing the immediate distribution of Reproductive Health Kits (RHKs) at the onset of a humanitarian emergency, regardless of its scale (IAWG, 2018). The rationale behind this is clear: timely access to essential SRH commodities such as clean delivery kits, contraceptives, and post-exposure prophylaxis is vital to prevent excessive maternal and neonatal morbidity and mortality, particularly among vulnerable populations such as women, adolescents, and people with disabilities (Singh et al., 2021).

By limiting the distribution of RH kits to large-scale events, Indonesia risks delayed or inadequate SRH responses in small-scale disasters, which could exacerbate preventable deaths and poor health outcomes (Sphere Association, 2018). This approach also reinforces inequalities, as communities experiencing “hidden emergencies” or chronic conditions may be systematically underserved. International best practices, as outlined in the Sphere Handbook, advocate for disaster responses that are scaled, context-specific, and tailored to the specific needs of affected

populations (Sphere Association, 2018; Casey et al., 2013). Adopting a more detailed disaster classification into light, moderate, and severe scales, in line with BNPB guidelines, would facilitate the flexible and needs-based deployment of Reproductive Health Kits (RHKs) and ensure that reproductive health services (RHS) are not prioritized lower during less visible but still impactful events.

Absence of Community-Based Self-Assessment Training for SRH Needs

The second key policy gap is the absence of training self-rated health mechanisms for SRH needs in disaster contexts. The reliance on Emergency Medical Teams (EMTs) to conduct rapid assessments for sexual and reproductive health (SRH) needs reflects a centralized, top-down approach that can inadvertently lead to critical delays in service provision during disasters. In the acute phase of emergencies, when timely interventions are most likely to save lives, waiting for EMTs to arrive and conduct formal assessments can mean that urgent SRH needs, such as safe delivery, post-rape care, or access to contraception, go unmet for hours or even days (Chynoweth, 2015). This bottleneck is particularly problematic in Indonesia's geographically dispersed settings, where infrastructure damage or isolation can further delay EMT deployment, leaving vulnerable populations without immediate support.

International humanitarian standards, including the Minimum Initial Service Package (MISP) and the Sphere Handbook, emphasize the importance of community empowerment and active participation in disaster health responses (IAWG, 2018). Training local communities in self-rated health assessment equips individuals with the skills and knowledge to identify early warning signs, recognize priority SRH needs, and effectively communicate these needs to health authorities or responders. Such community-based mechanisms not only accelerate the identification of urgent cases but also enable EMTs to prioritize and tailor their interventions based on real-time, ground-level information (Casey et al., 2013). This approach is particularly valuable in resource-constrained or high-demand scenarios, where efficient triage and targeted response are essential.

Beyond improving immediate disaster response, fostering community capacity for self-rated health, and strengthening long-term resilience and the health system. When communities are empowered to participate in their health management, they become more resilient to future shocks, better able to advocate for their needs, and more engaged in post-disaster recovery and preparedness activities (Sphere

Association, 2018). This participatory approach enhances the effectiveness and reach of SRH services during crises and supports the broader goals of equity, sustainability, and local ownership in health and disaster risk reduction strategies.

The combined impact of these policy gaps is to weaken the equity, inclusivity, and resilience of Indonesia's SRH response to climate-induced disasters. Vulnerable groups, including women, adolescents, people with disabilities, and those living in poverty, are disproportionately affected by service disruptions, stock shortages, and delays in care (Singh et al., 2021). Inadequate SRH responses during disasters can lead to increased maternal and neonatal mortality rates, higher rates of unintended pregnancies, unaddressed cases of sexual and gender-based violence, and the spread of sexually transmitted infections (STIs) (UNFPA, 2021).

These gaps also have systemic implications for Indonesia's health system. The absence of disaster classification and community involvement limits the adaptability and agility of health services, making it increasingly challenging to respond to the growing complexity and frequency of climate-related disasters (World Bank, 2021). As climate change accelerates, natural disasters are expected to become more frequent, prolonged, and unpredictable, placing greater strain on health systems to provide timely, inclusive, and high-quality reproductive and sexual health (SRH) services (WHO, 2021).

Addressing these gaps is not only a matter of national health security but also fulfilling Indonesia's international commitments under the Sustainable Development Goals (SDGs), the Sendai Framework for Disaster Risk Reduction, and human rights agreements that guarantee access to SRH services for all (UNFPA, 2021). Aligning national policies with global best practices by expanding disaster classifications and empowering communities through SRH self-assessment training will bring Indonesia closer to achieving universal health coverage and gender equality in disaster situations (Sphere Association, 2018).

Furthermore, such reforms will strengthen Indonesia's capacity to mobilize international support, access technical and financial resources, and participate in global learning networks focused on health system resilience and humanitarian response (Singh et al., 2021).

4.3. Policy recommendations for achieving climate-resilient sex reproductive health services

Indonesia's ongoing exposure to natural disasters caused by climate change, particularly floods and droughts, has made the adoption of a more adaptive, inclusive, and resilient approach to the provision of sexual and reproductive health (SRH) services an urgent priority for the health sector—the Minister of Health's Decision No. HK.01.07/Menkes/1502/2023, a significant milestone, now requires further refinement and implementation to ensure that SRH services genuinely respond to the realities faced by communities across the archipelago. Moving forward, SRH policies and programs in Indonesia should be guided by two core recommendations: (1) the implementation of a more detailed disaster classification system for the distribution of reproductive health kits (RH Kits), and (2) the institutionalization of community-based self-assessment training for SRH needs.

Disaster Classification for Responsive RH Kit Distribution

A transformative step in Indonesia's SRH disaster response framework is institutionalizing a disaster classification system, distinguishing between minor, moderate, and significant events. Under current policy, RH Kits are only distributed during major disasters, which are defined by severe infrastructure damage and mass displacement. However, global best practices, as outlined in the Minimum Initial Service Package (MISP) and the Sphere Handbook, emphasize that SRH needs arise at the onset of every humanitarian emergency, regardless of its scale (IAWG, 2018). By limiting the distribution of RH Kits to large-scale disasters, Indonesia inadvertently neglects urgent needs that arise during small-scale or cumulative events, such as local flooding or prolonged drought, which can disrupt access to health facilities, damage water and sanitation, and increase the risk of maternal and neonatal complications (World Bank, 2021).

Therefore, the policy recommendation is clear: Indonesia must formally adopt a disaster classification system, referencing BNPB regulations and based on measurable thresholds, such as the number of affected people, infrastructure conditions, and duration of service disruptions. This system should be integrated into health crisis management protocols, standard operating procedures, and training curricula for all relevant personnel. This will enable health workers and emergency medical teams (EMTs) to design and deliver reproductive and sexual health (SRH) service packages tailored to the scale and impact of each event, ensuring that Reproductive Health Kits (RH Kits) and essential SRH services can be rapidly

delivered, not only during national emergencies but also during more minor, less visible crises.

Implementing these recommendations requires a collaborative approach. The Ministry of Health, BNPB, local governments, and civil society organizations must work together to establish and regularly review disaster classification criteria, ensuring they remain relevant to Indonesia's evolving risk landscape. Regular scenario-based simulations and joint exercises will strengthen decision-making, coordination, and rapid response capacity. In addition, modularizing RH Kits by preparing basic, standard, and comprehensive packages for different disaster categories will optimize resource use, minimize waste, and ensure that remote or underserved communities receive timely and appropriate SRH support (Singh et al., 2021).

The expected impact of this approach is significant. By removing the limitation of “only for large-scale disasters,” Indonesia can ensure timely and equitable access to SRH commodities and services in all disaster contexts, reducing preventable morbidity and mortality. Vulnerable populations affected by small-scale or protracted disasters are no longer neglected, and health workers can allocate resources according to actual needs rather than rigid administrative boundaries. Ultimately, this will align Indonesia's SRH disaster response with international best practices and strengthen the country's commitment to health equity and gender rights.

Self-rated health training for SRH needs

The second pillar of a climate-resilient SRH system is institutionalizing community-based self-assessment training for SRH needs. The current reliance on Emergency Medical Teams (EMTs) to conduct rapid assessments before SRH services are provided is a centralized, top-down model that causes critical delays, especially in the context of Indonesia's archipelago, where geographical barriers and infrastructure damage can hinder access to remote communities (Chynoweth, 2015). Global humanitarian guidelines, including the Minimum Initial Service Package (MISP) and the Sphere Standards, encourage community empowerment to identify and communicate their SRH needs, accelerating service delivery and improving targeting (IAWG, 2018).

Community self-assessment in humanitarian situations is a transformative approach that shifts the initial responsibility for identifying SRH needs from external actors to the affected communities themselves. This process begins well before a disaster strikes, with investment in community engagement, capacity building, and the

co-creation of preparedness plans. Community self-assessment involves enabling local individuals and groups to recognize, monitor, and communicate their own SRH needs, risks, and priorities in real-time. This includes the ability to identify urgent health issues such as signs of pregnancy complications, symptoms of reproductive tract infections, unmet family planning needs, and the need for post-rape care or protection from gender-based violence (UNICEF, 2022; IAWG, 2018).

Technology should be leveraged to maximize reach and impact. Mobile applications, internet services, SMS services, and radio programs can disseminate self-assessment tools and guidelines, particularly in remote areas or those with low literacy rates. These tools should be available in local languages and formats appropriate for people with disabilities, guiding individuals and families in identifying urgent SRH needs such as signs of pregnancy complications, symptoms of reproductive tract infections, and post-rape care requirements. By equipping communities with these resources, Indonesia can ensure that SRH needs are identified and addressed more quickly and accurately, ultimately facilitating and accelerating the response provided by EMTs during climate disasters (Singh et al., 2021).

The multifaceted impact of this community empowerment strategy is evident in practice. For example, following the devastating earthquake and tsunami in Central Sulawesi in September 2018, local women's groups—trained as part of a community-based self-assessment program—used pictorial checklists to monitor their own SRH status. Developed collaboratively with health workers and NGOs, these checklists enabled women to identify early signs of pregnancy complications, reproductive tract infections, and unmet family planning needs. Community volunteers collected anonymized self-assessment data and relayed urgent cases to the nearest health post, allowing for rapid triage and targeted outreach by mobile health teams. As a result, the number of women accessing antenatal care and post-rape support services increased by 40% compared to previous disasters. Local health authorities reported that this approach not only reduced delays in care but also empowered women to take an active role in managing their health, ultimately improving SRH outcomes and enhancing community resilience.

Communities that can assess and report their SRH needs receive services more quickly, reducing potentially fatal delays in acute emergencies. Empowered communities become active partners in disaster response, supporting their health and the efficiency of EMTs and other responders. Building local knowledge and capacity

contributes to long-term improvements in SRH outcomes, even beyond the disaster context. This participatory approach aligns with global evidence that community involvement improves the speed, accuracy, and reach of emergency health interventions (UNICEF, 2022).

Integrating Recommendations into Policy and Practice

To achieve their intended impact, these recommendations must be fully integrated into Indonesia's health and disaster management systems. Multi-stakeholder coordination is essential, with the Ministry of Health, BNPB, local governments, civil society organizations, and community-based organizations working together to implement the new disaster classification system and community training programs.

Regular coordination meetings, joint simulation exercises, and a joint monitoring framework will ensure that all parties are aligned and that responses are timely and effective (UNFPA Indonesia, 2022). Monitoring and evaluation must be prioritized. Indicators should be developed to monitor the timeliness, coverage, and effectiveness of RH Kit distribution and community self-assessment training.

Legal and policy adjustments are needed to institutionalize these recommendations. Existing regulations and guidelines should be reviewed and revised to explicitly include flexible disaster classification, community self-assessment, and rights-based approaches. Regular policy reviews and stakeholder consultations will help ensure the framework remains adaptive to new challenges and evidence.

Expected Outcomes and Wider Impact

Indonesia can expect many positive outcomes by implementing these policy and program recommendations. Timely and equitable access to RH Kits and services in all disaster contexts will reduce SRH morbidity and mortality. Vulnerable populations affected by small-scale or protracted disasters will no longer be neglected, reducing inequalities in SRH outcomes. Health workers and EMTs can design and deliver health packages proportionate to the actual impact of disasters, optimizing resource use and minimizing waste. Empowered communities will become active partners in disaster response, supporting their health and the efficiency of EMTs and other disaster response personnel. Improved community knowledge and capacity will contribute to long-term improvements in SRH outcomes, even beyond the context of disasters. These reforms will also enhance Indonesia's alignment with international standards, fulfilling commitments under the Sustainable Development Goals (SDGs),

the Sendai Framework for Disaster Risk Reduction, and international human rights agreements.

Stronger partnerships and resource mobilization will build credibility and attract support from humanitarian and global development partners. Ultimately, Indonesia will be better prepared to protect the health and rights of its citizens in the face of climate change, serving as a model for disaster-prone countries in the region and around the world.

CHAPTER V

CONCLUSION AND RECOMMENDATION

5.1. Conclusion

Indonesia's increasing vulnerability to climate-induced disasters, particularly floods and droughts, has posed significant challenges to the sustainability, accessibility, and quality of sexual and reproductive health (SRH) services—the Minister of Health's Decision No. HK.01.07/Menkes/1502/2023, which establishes the National Guidelines for Health Crisis Management, is an essential step in formalizing the disaster response in the health sector. However, an in-depth policy analysis identified two persistent and interrelated gaps: the limited distribution of reproductive health kits (RH Kits) and the absence of community empowerment mechanisms to self-assess SRH needs.

The threshold-based approach to RH Kit distribution, which limits distribution to major disasters characterized by severe infrastructure damage and mass displacement, fails to meet significant SRH needs during minor and moderate events. These limitations risk causing delayed or inadequate SRH responses, particularly for vulnerable populations in remote or chronically affected areas, and contradict international best practices outlined in the Minimum Initial Service Package (MISP). These global standards advocate for flexible and context-sensitive supply chains and the immediate provision of RH Kits at the onset of a humanitarian emergency, regardless of its scale.

Equally important is the absence of community-based self-assessment training for SRH needs. Relying on Emergency Medical Teams (EMTs) to conduct rapid assessments results in critical delays, particularly in Indonesia, a geographically dispersed territory where access to remote communities is often disrupted during disasters. International guidelines emphasize that empowering communities to recognize and communicate their SRH needs speeds up service delivery and improves resilience, equity, and local ownership of health outcomes.

The analysis recommends two transformative policy and program shifts to address this gap. First, Indonesia needs to institutionalize a more detailed disaster classification system that distinguishes between minor, moderate, and major events to guide the appropriate and timely deployment of Reproductive Health Kits (RHKs). This will ensure that SRH services are not deprioritized during less visible but

impactful disasters. Second, the country should integrate community-based self-assessment training into disaster preparedness and health promotion programs, leveraging local leaders, peer educators, and digital tools to maximize reach and effectiveness.

Implementing these recommendations requires strong multi-stakeholder coordination, sustainable resource allocation, and continuous monitoring and evaluation. Legal and policy frameworks must be revised to institutionalize disaster classification, community empowerment, and rights-based approaches. Expected outcomes include reduced SRH morbidity and mortality, improved equity in access to services, strengthened community resilience, and alignment with Indonesia's commitments under the Sustainable Development Goals (SDGs), the Sendai Framework for Disaster Risk Reduction, and international human rights instruments.

In conclusion, policy analysis shows that Indonesia's progress toward climate-resilient SRH services depends on its ability to move beyond uniform disaster responses and adopt flexible, inclusive, and community-centered strategies. By implementing these recommendations, Indonesia can serve as a model for other disaster-prone countries, ensuring that all individuals, regardless of their circumstances, have timely access to the SRH services they need, even amid climate change.

5.2. Recommendation

To enhance the depth and effectiveness of future policy analysis on climate-resilient sexual and reproductive health (SRH) services in Indonesia, it is essential to move beyond reliance on secondary data and integrate primary research methods such as interviews, focus groups, and community-based participatory approaches. Using mixed methods, field-based case studies, and engagement with marginalized populations will uncover hidden gaps and provide a more nuanced understanding of policy implementation and existing barriers. Integrating real-time and geospatial data, monitoring of implementation fidelity, and interdisciplinary collaboration will strengthen analysis, ensuring that recommendations are grounded in local realities and responsive to emerging challenges.

In addition, institutionalizing continuous learning through regular policy reviews, post-action evaluations, and robust monitoring systems will facilitate adaptive management and evidence-based reforms. By expanding the analytical scope to include health system resilience, financing, and equity, and strengthening partnerships between

government, civil society, and affected communities, Indonesia can generate actionable and context-sensitive insights that drive more equitable, effective, and sustainable SRH outcomes amid climate change.

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APPENDICES

APPENDIX 1. Gap in Policies Governing Sex Reproductive Health Service (SRH) during Climate-Change Induced (Flood and Drought) Disaster Intervention

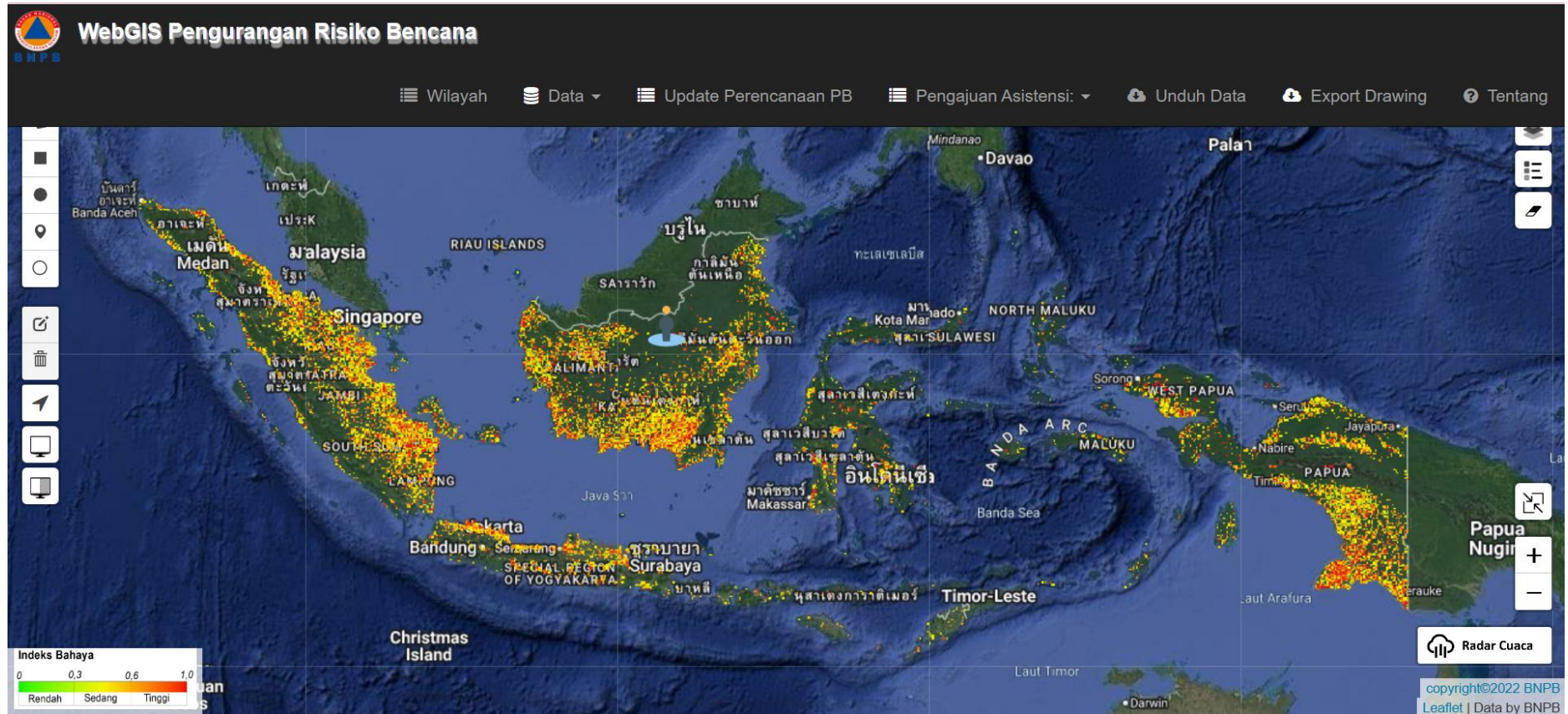
Decision of The Minister of Health of The Republic of Indonesia Number HK.01.07/Menkes/1502/2023 Concerning National Guidelines for Health Crisis Management						
Disaster Phase	Strategy	Actions	Description	International Policy*	Possible Gap	Policy Intervention
Pre-health crisis	Provision of reproductive health kits based on the scale of impact	Reproductive health kits are only used in major disasters	Reproductive health kits are only used in major disasters where much of the health infrastructure is damaged, dysfunctional, and unable to provide health services as usual. The need for kits depends on the number of displaced persons, the type of services to be provided, and the estimated duration of displacement.	When humanitarian emergencies occur – from rapid-onset flooding to protracted conflict to slow-onset drought – organizations involved in the response must quickly identify or establish functioning, agile supply chains to provide lifesaving commodities to the affected population as soon as possible.	The Ministry of Health only distributes reproductive health kits during major disasters, even though disasters of any scale will have an impact on reproductive health crises. This policy will undoubtedly have some effect on the initial response to reproductive health crises.	Classify disasters into several categories, such as minor, moderate, and major disasters (Referring to BNPB regulations). This will make it easier for officers to design health packages according to the scale of the disaster.

				The RH Kits are designed for use at the onset of the humanitarian response, even in the most conflict-affected and resource-poor settings.		
	Conducting Self-Rate Health training on SRH services	There is no training on how to conduct self-rated health assessments related to initial SRH service needs when a disaster occurs. This will result in delays in people receiving SRH services because they have to wait for the Emergency	-	In the initial stages of an acute emergency response, it may not be appropriate to utilize the time, resources, and staffing to conduct a full coordinated logistics needs assessment.	Communities do not know how to assess their own reproductive and sexual health (RSH) needs, so they depend on EMT teams.	Building public understanding of Sexual and Reproductive Health (SRH) through self-rated health training, in order to identify problems early and obtain SRH services more quickly and accurately. This will facilitate and accelerate the response provided by Emergency Medical Teams (EMTs) in the event of a climate disaster.

		Medical Team to conduct rapid health assessments related to the services needed.				
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**Minimum Initial Service Package for Sexual Reproductive Health for Indonesia in Crisis Situation*

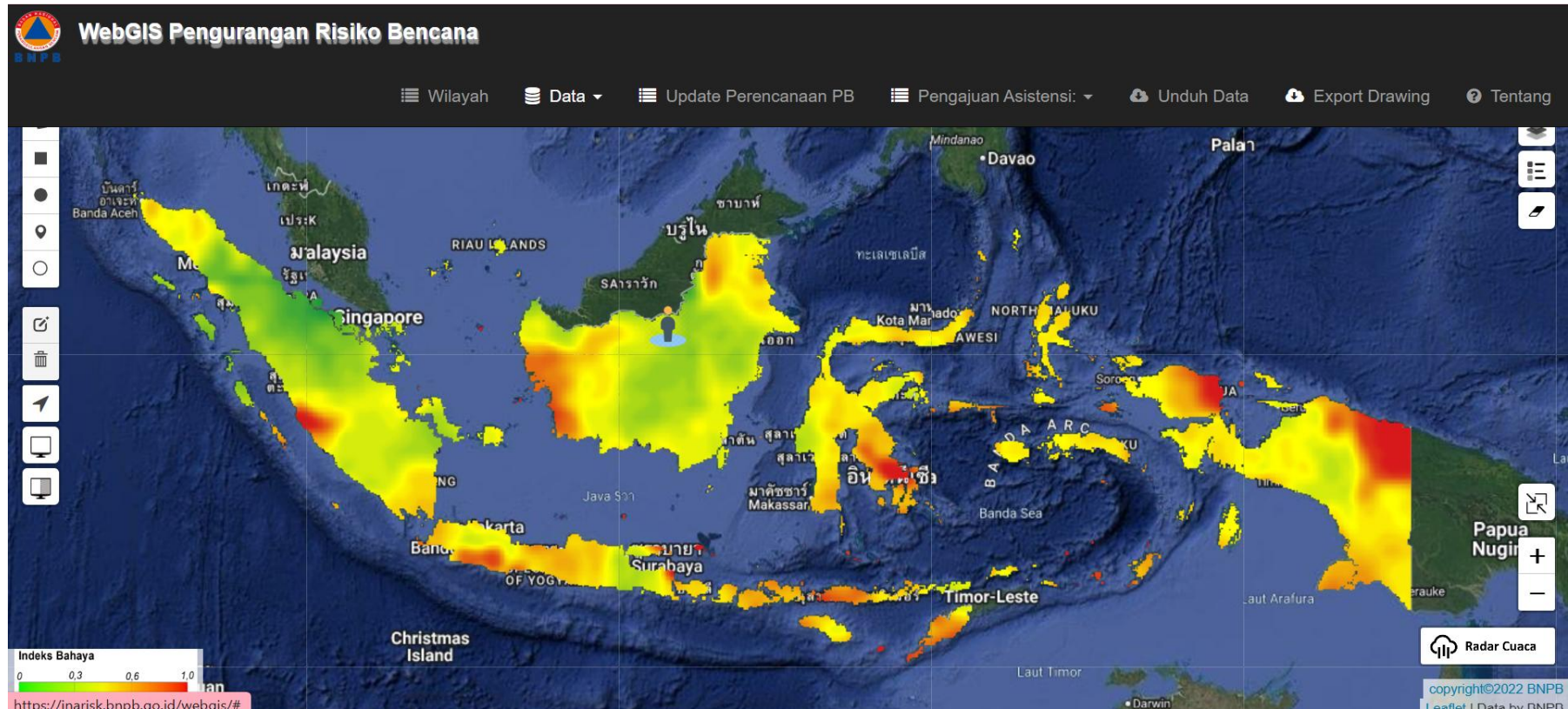
APPENDIX 2. Map of flood potential due to climate change disasters



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APPENDIX 3. Map of drought potential due to climate change disasters



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