



## Integration of Minimum Initial Service Package for Reproductive Health in the Sister Village Program

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### Article Info

#### Article History:

Submitted March 2023

Accepted September 2023

Published October 2023

#### Keywords:

Community  
Empowerment;  
Disaster Management;  
Reproduction Health

#### DOI

<https://doi.org/10.15294/kemas.v19i2.43465>

### Abstract

Indonesia's high Disaster Risk Index (DRI) encourages the government to pay extra attention to disaster management efforts. MISP must be available in health crises because the need for reproductive health services remains and increases during the disaster response period because 4% of the affected people are pregnant women, and 75% are women, adolescent girls, and children. Integrating MISP into the Sister Village program is very important as an effort to reduce the impact of disasters on reproductive health due to the disruption of health services. This research was carried out in 2022 to explore opportunities and obstacles to integrating MISP in the sibling village program. The research uses a qualitative design with a phenomenological approach. Data collection used Focus Group Discussion techniques with 10 informants who were stakeholders related to the research topic. The research results show that in the integration of MISP and the Sister Village program, the role of each stakeholder is very important to achieve program objectives. Cooperation and coordination between stakeholders is the key to success. The integration of MISP in the Sister Village program can increase community participation in reproductive health services, strengthen the relationship between the health sector and the development sector, and improve public awareness of the importance of reproductive health. Limited accessibility and infrastructure in remote villages, stigma and cultural problems in village communities, lack of support and attention from the government and related parties, as well as security and conflict problems in several areas are obstacles to the integration of this program. High Disaster Risk Index (DRI) Indonesia encourages the government to pay extra attention to disaster management efforts. MISP must be available in health crises because the need for reproductive health services remains and increases during the disaster response period because 4% of the affected people are pregnant women, and 75% are women, adolescent girls, and children. Integrating MISP into the Sister Village program is very important as an effort to reduce the impact of disasters on reproductive health due to the disruption of health services. This research was carried out in 2022 to explore opportunities and obstacles to integrating MISP in the sibling village program. It uses a qualitative design with a phenomenological approach. Data collection used Focus Group Discussion techniques with 10 informants who were stakeholders related to the research topic. The research results show that in the integration of MISP and the Sister Village program, the role of each stakeholder is very important to achieve program objectives. Cooperation and coordination between stakeholders is the key to the success of the program. The integration of MISP in the Sister Village program can increase community participation in reproductive health services, strengthen the relationship between the health sector and the development sector, and improve public awareness of the importance of reproductive health. Limited accessibility and infrastructure in remote villages, stigma and cultural problems in village communities, lack of support and attention from the government and related parties, as well as security problems and conflicts in several areas, are obstacles to the integration of this program.

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## Introduction

Indonesia is often referred to as a “Disaster Laboratory”. A report from the Badan Nasional Penanggulangan Bencana (BNPB) or National Agency for Disaster Countermeasure in Indonesia shows that almost all regions in Indonesia have a high risk of disaster; starting from floods, earthquakes, landslides, to volcanic eruptions (Isa, 2019). Indonesia’s high Disaster Risk Index (DRI) encourages the government to pay extra attention to disaster management efforts (Triana, 2018; Arifin et al., 2021). Referring to the 2020-2044 Disaster Management Master Plan (RIPB) and Medium Term Development Plan (RPJMN) IV on an operational scale for the 2020-2024 planning period, BNPB is targeting a 30% reduction in IRB by the end of 2024 (BNPB, 2020, Ayuningtyas et al., 2021).

The availability of reproductive health services from the start of the disaster through the implementation of the Minimum Initial Service Package (MISP) for reproductive health needs to be a concern for various parties (Myers et al., 2018; Nabulsi et al., 2021). MISP is a series of priority reproductive health activities that must be implemented immediately during an emergency response to a health crisis to save lives in vulnerable groups (Singh et al., 2018; Shalash et al., 2022). MISP must be available in health crises because the need for reproductive health services remains and is increasing (Lassa et al., 2018). Based on statistical estimates, 4% of the population affected by the disaster are pregnant women within a certain period, 15-20% of pregnant women will experience complications during pregnancy and childbirth, 75% of the affected population are women, adolescent girls, and children, 19% are adolescents aged 10 -19 years old who are at risk of experiencing sexual violence, child marriage, human trafficking, etc., 27% of women of childbearing age (15-49 years) need reproductive health services and need sanitary napkins when menstruating, 13% of refugees are toddlers, and 9.7% of refugees are elderly (Mei, 2019).

Sister Village is a brotherhood of two or more villages, between a village that has a high level of threat of disaster and a village that is considered safe from the threat of disaster as a

buffer village in the context of reducing disaster risk (Tran et al., 2021; Tanabe et al., 2022). Sister Village can be an alternative disaster mitigation strategy. When a disaster occurs, access and quality of reproductive health services in Sister Village can be disrupted and cause higher reproductive health risks for women and newborn babies. Apart from that, Sister Village can also be one of the priority targets in efforts to increase disaster preparedness because of its existence as a buffer for disaster-prone areas (UNDRR, 2020; Lestari et al., 2021; Masyhuri et al., 2021).

Integrating MISP into the sibling village program is very important as an effort to reduce the impact of disasters on reproductive health. MISP integration can ensure access to reproductive health services for communities affected by disasters, as well as help reduce the risk of maternal and child deaths, sexual violence, transmission of STIs and HIV-AIDS, unwanted pregnancies, and other reproductive health problems whose numbers are increasing at this time. disaster situation (Kusumastuti et al., 2019). Although there have been several studies discussing the integration of MISP in disaster management and reproductive health programs, there is still little research that specifically examines the opportunities and challenges of implementing MISP in sibling village programs as an effort to reduce the impact of disasters on reproductive health. Therefore, this research aims to explore opportunities and obstacles to integrating MISP in the sister village program. This research can support scientific evidence about the opportunities for integrating MISP in the sibling village program as an effort to reduce the impact of disasters on reproductive health. This research can also help identify factors that influence the success or failure of MISP implementation in the Sister Village program and provide recommendations for program improvement in the future.

## Method

The research was conducted in Magelang Regency, Central Java Province, Indonesia, in October 2022. Qualitative research with a phenomenological approach which emphasizes the subjective experiences of research informants regarding a phenomenon. This approach

is suitable to answer the research objective of exploring opportunities and obstacles to integrating MISP in the sibling village program from the perspective of relevant stakeholders. Researchers chose several stakeholders related to the research topic as research informants.

Table 1. Research Informant

Informant	Affiliate
Informant 1	Regional Disaster Management Agency of Magelang Regency
Informant 2	Disease Eradication Sector, Magelang District Health Service
Informant 3	Public Health Sector, Magelang District Health Service
Informant 4	Muntilan District (High Disaster Risk Index)
Informant 5	Dukun District (High Disaster Risk Index)
Informant 6	Muntilan Community Health Center
Informant 7	Dukun Community Health Center
Informant 8	Sumber Village (High Disaster Risk Index)
Informant 9	Pucung Rejo Village (Sister Village)
Informant 10	Ngawen Village (Sister Village)

Source: Primary Data, 2022

Data was collected through Focus Group Discussion (FGD) activities facilitated by DYH and EN. The interview guide covers the topic:

1. Implementation and involvement between stakeholders in implementing the MISP and Sister Village programs in Magelang Regency.
2. Policies and guidelines for implementing the MISP and Sister Village programs in Magelang Regency.
3. Integration of MISP in the Sister Village program in Magelang Regency.

Directed content analysis was conducted to evaluate the data using Chen’s conceptual framework of program development theory. This theoretical framework was chosen for various reasons. Other modeling frameworks tend to focus on specific implementation aspects, while Chen’s conceptual framework presents a comprehensive evaluation process. This framework is also supported by open systems theory, which also looks at the implementation process and program outcomes. This framework is suitable for application in health research.

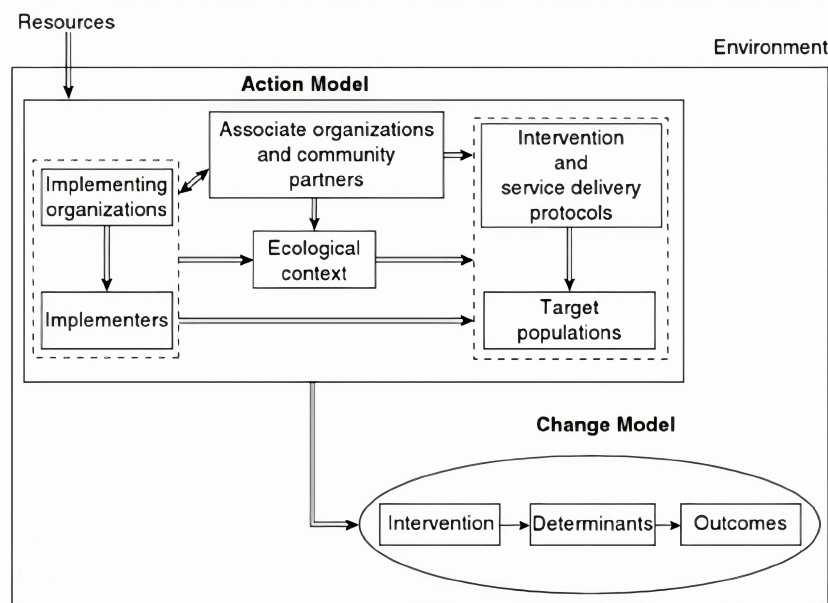


Figure 1. Conceptual framework for developing program theory. Sumber: Chen H-T. Practical Program Evaluation. Thousand Oaks, CA: Sage Publications, 2005.

Researchers used software to help extract meaning units, codes, and categories from verbatim transcripts. DYH and EN did the coding independently. Consensus was reached

after the results were further discussed with HW, LSE, SI, and EW. An example of the coding process is presented in Table 2.

Table 2. Example of Coding Process

Meaning Unit	Code	Sub-Category	Category
After 2 days, there was a direction from the Health Service. Community Health Centers under the command of the Health Service are always ready to assist the health sector (Informant 6)	Directions from the Health Service; The health center is under the command of the department	Government Organization	Associate organization and community partner
At that time, there was the Citra Kasih Foundation accompanying us, even though it was a Christian Foundation, but we didn't think about that. So the Foundation helps us with trauma healing for children and others (Informant 8)	Citra Kasih Foundation accompanying	Non Government Organization	
Those involved were from the village government, the Disaster Risk Reduction Organization (OPRB/ Organisasi Pengurangan Risiko Bencana), the Family Welfare Program (PKK) mobilization team, including the source village (Informant 9)	Disaster Risk Reduction Organization; Family Welfare Program mobilization team	Non Government Organization	
From the basis of today's meeting, to what extent is our target [integration of the MISP and Sister Village programs]? Especially, related to pregnant women (Informant 1)	Pregnant Women	High Priority	Target Population
We can accept refugees, specifically pregnant women near the post, while disabled people are provided with a special place at the village BPD office (Informant 10)	Disabled Pregnant Women		
In a disaster, there are 5 points (elderly, toddlers, teenagers, people with disabilities, and pregnant women). Teenagers are not yet a priority because they are thought to still be able to save themselves. Currently, the regulations are in the form of village regulations and Village Head Decrees (Informant 8)	Elderly Toddlers Pregnant Women Disabled Teenagers are not yet a priority	Low Priority	
In 2010, there was panic when evacuating residents, and there was also a lack of clarity regarding the purpose of evacuating. Meeting the needs of refugees. Discomfort at the evacuation location, otherwise with their family makes them uncomfortable, now not because they already know where they will go if they evacuate (Informant 4)	Panic evacuation Unclear evacuation site Meeting the needs of refugees Discomfort at the evacuation location	The urgency of the intervention program	Intervention
The steps in implementing Sister Village start from mapping potential human resource capacity and location, communication tools and volunteer capabilities, building three-way communication, developing procedures, preparing Final Evacuation Sites and their equipment, volunteers, as well as designing and publishing documents related to Sister Village (Informant 1)	Mapping potential human resource capacity Location mapping Volunteer Build communication Develop procedures Prepare the final evacuation site Sister Village Documents	Program intervention steps	
There was an experience when someone wanted to give birth, but there was no ambulance. I once had the experience of taking a birthing mother on a motorbike because it was slippery from the buffer village to the hospital. A distance of about 1 kilometer. In the Mranggen area, we also took patients, but unfortunately, the ambulance got stuck in the middle of the road (Informant 9)	No staff No ambulance Long distance	Obstacles during intervention	

Source: Primary Data, 2022

Triangulate information collected from the health department, village midwives, and the community to increase the validity of the results. Written informed consent was submitted individually to research informants containing their agreement to become informants, as well as recording interviews. This research received ethical permission from the Health Research Ethics Committee (KEPK) of Semarang State

University, Indonesia.

## Results and Discussions

The analysis carried out by researchers revealed three categories related to MISP integration in the Sister Village program: 1) Partner organizations and communities, 2) Program targets, and 3) Program interventions. Table 3 presents the overall codes which constitute the categories.

Table 3. Data Synthesis: Coding and Categories

Categories	Associate organization and community partner			Target Population		Intervention		
Sub categories	Government Organization	NGO	NGO	High Priority	Low Priority	The urgency of the intervention program	Program intervention steps	Obstacles during intervention
<b>Codes</b>	Directions from the Health Service; Community Health Center under the command of the department; Cooperate with social services; Rapid Response Team; Mother and Child Health Program Team; Nutrition program team; Disease Prevention Program Team	Citra Kasih Foundation assists; Personnel and financial assistance from NGOs; Collaborate with NGOs	Disaster Risk Reduction Organization; Family Welfare Mobilization Team; The midwife is the spearhead; Community empowerment; Disaster volunteer team	Pregnant women; Disabled; Elderly; Toddler	Teenagers	Panic evacuation of residents; Unclear evacuation site; Meeting the needs of refugees Discomfort in the evacuation site	Mapping potential human resource capacity; Regional Mapping; Volunteer Ability; Building communication; Drawing up procedures; Preparing the final evacuation site; Sister Village Documents	Hospital referral; Coordination with midwives; Waiting staffs to arrive; No staffs; No ambulance; Long distance; Refugees are still scattered; There are no evacuation posts yet

Source: Primary Data

In the integration of MISP and the Sister Village program, there are several stakeholders involved with their respective roles. Stakeholders are individuals, groups, or organizations that influence or are affected by a particular program or project (Onyangao et al., 2013; Lisam, 2014).

“Government institutions play an important role in the integration of MISP and the Sister Village program. “The government institutions involved include BPBD, Health Service, Social Service, District, and Community Health Centers” - Informant 1.

Regional governments are responsible for providing health facilities, health education, and setting health policies in their regions. Government institutions can also provide financial support, human resources, and access to health facilities needed in the integration of MISP and the Sister Village program. Non-Governmental Organizations (NGOs) such as NGOs or social organizations can also be involved in the integration of MISP and Sister Village programs. NGOs can provide technical and financial support in program implementation.

“NGOs can also help in increasing public awareness about the importance of reproductive health. NGOs involved include WHO,

UNICEF, UNFPA, IPPF, and IPPA” – Informant 3.

Health workers including doctors, nurses, and midwives, both individually and through professional organizations, also have an important role in integrating MISP in Sister Villages. Health workers can provide reproductive health services needed by people in the area. Apart from that, they can also provide education and counseling about reproductive health. The community also has an important role in the integration of MISP and the Sister Village program. The community can be the subject of the program and can also provide input and feedback about the program.

“The community can also participate in program implementation and become agents of change in improving reproductive health in their environment” – Informant 9.

Following the results of Tran’s research in 2015 stating in the integration of MISP and the Sister Village program, the role of each stakeholder is very important to achieve program goals. Cooperation and coordination between stakeholders is the key to the success of the program. Program integration is aimed at meeting the basic reproductive health needs of refugees and disaster victims who need protection at Sister Village. The program’s primary targets are women, especially pregnant

women, breastfeeding mothers, and adolescent girls, including survivors/victims of sexual violence or gender-based violence.

Some of the key targets of the integration program include:

1. Provide emergency medical services and treatment of trauma related to sexual violence, such as medicines and urgent reproductive health services.
2. Providing counseling and psychosocial support services for victims of sexual and gender-based violence.
3. Providing information and counseling regarding reproductive health, including family planning services, HIV/AIDS prevention (including PEP), and prevention of sexual violence.
4. Providing basic reproductive health services such as pregnancy checks, normal delivery, providing contraception, and caring for mothers and newborns.
5. Providing referral services for ARV access for PLHIV, cases requiring further medical and psychosocial care.

The program aims to ensure that women and girls affected by disaster or conflict can access safe, affordable, and high-quality reproductive health services. By identifying and meeting the reproductive health needs of refugees and disaster victims, MISP programs can help protect the health and human rights of the most vulnerable populations. Agrees with research by Amiri et al. (2020) which states that several barriers to accessing, utilizing, and implementing SRH services, including a lack of reliable information about sexual and gender-based violence (SGBV), exacerbate early marriage in crisis settings, gaps in knowledge and use family planning services, inadequate coverage of STIs and HIV, and several issues surrounding the provision of maternal health services.

SWOT analysis is used to analyze internal (strengths and weaknesses) and external (opportunities and threats) factors that influence health program performance. By conducting a SWOT analysis, we can identify its internal strengths and weaknesses, as well as its external opportunities and threats. Based on the analysis, strategies can be developed to maximize strengths, minimize weaknesses,

take advantage of opportunities, and overcome existing threats. Based on the SWOT analysis of MISP integration for reproductive health in the Sister Village program, it can be concluded as follows:

1. The integration of MISP in the Sister Village Program has many advantages, including being able to expand the coverage of health services, especially reproductive health in remote villages, increasing the quality and awareness of reproductive health in the community, as well as strengthening coordination between the health sector and the development sector.
2. MISP integration in the Sister Village Program also has several weaknesses, including limited human and financial resources, difficulty in changing unsupportive mindsets and cultural attitudes, and lack of coordination between all related parties.
3. The integration of MISP in the Sister Village Program has many opportunities, including increasing community participation in reproductive health services, strengthening relations between the health sector and the development sector, and increasing community awareness of the importance of reproductive health. Disaster-resilient villages have 20 indicators, MISP activities can contribute to 4 indicators, which relate to 2 things, namely women's involvement and access to health services for vulnerable groups.
4. The integration of MISP in the Sister Village Program also has several threats, including limited accessibility and infrastructure in remote villages, stigma and cultural problems in village communities, lack of support and attention from the government and related parties, as well as security and conflict problems in several areas.

To optimize existing benefits, as well as overcome possible weaknesses and threats, collaborative efforts are needed from all related parties, including the government, non-governmental organizations, health workers, and local communities. With good synergy and

cooperation, it is hoped that the integration of MISP in the Sister Village Program can be successful and provide great benefits for the reproductive health of village communities.

### Conclusion

In the integration of MISP and the Sister Village program, the role of each stakeholder is vital to program objectives. Cooperation and coordination between stakeholders is the key to success. By identifying and meeting the reproductive health needs of refugees and disaster victims, MISP programs can help protect the health and human rights of the most vulnerable populations. To optimize existing benefits, as well as overcome possible weaknesses and threats, collaborative efforts are needed from all related parties, including the government, non-governmental organizations, health workers, and local communities. With good synergy and cooperation, it is hoped that the integration of MISP in the Sister Village Program can be successful and provide high benefits for the reproductive health of village communities.

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