



Solidarity for Indigenous Papuans contribution to the Call for contributions on the right to sexual and reproductive health – Challenges and Possibilities during COVID-19

Introduction

1. Solidarity for Indigenous Papuans¹ (SIP) is a network of NGOs and activists within West Papua that aspire to address among other issues human rights and climate change within the indigenous West Papuan communities and advocate through its existing national, regional and international NGO networks for solidarity and support.
2. West Papua indigenous people are currently experiencing internet shut down with two regencies engage in a protracted armed conflict between West Papua National Liberation Army (the armed wing of the Organisasi Papua Merdeka – fighting for independence from Indonesia) and Indonesian Military and Police since December 2018. The conflict is further intensified by the “terrorist” name tag² that was labelled against the liberation army which the Civil Society feared the label will be applied to human rights and environmental activists in West Papua to suppress them from raising environmental and human rights issues in the two provinces and to justify human rights violations by the Military and Police covered under terrorist tag.
3. In West Papua, the issues of health and Covid-19 responses are mixt up with legacy issues of colonialism, exploitation, marginalization, racism, land grabbing, and resettlement of migrants from Indonesia into the region, protracted armed conflict and militarization. There is a climate of fear among the indigenous Papuans that the Indonesian government has been killing indigenous West Papuans through drug overdoses in hospitals and clinics. There are no confirmed researched cases in these claims to establish facts but West Papuans like to tell stories of what they observe through experiences. They even established a common saying “share last good bye when going to hospitals”. Most people prefer herbal remedies more than going to hospitals.

¹ This report is prepared by Solidarity for Indigenous Papuans (SIP) as a response to the call by the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. West Papua in this passage refers to mean the two Provinces of Papua and West Papua in Indonesia sharing the Eastern border with the Independent Stat of Papua New Guinea on the island of New Guinea in the Pacific.

² The Asia Pacific reports about the likely consequences could be found here;
<https://asiapacificreport.nz/2021/04/01/designating-opm-as-terrorists-will-increase-tension-rights-abuses/>

Answers to Key questions

1. In early 2020, Papua provincial government under Circular No. 440/3705 SET among other rules stopped ships and aeroplanes from outside Papua to enter the province as of 31st March, 2020. The same circular also stopped internal travels within Papua limiting to only cargo and medical supplies, Indonesian military and police and medical personnel. Strict restrictions on movements within the main towns were imposed in Jayapura and other main centres as of 18th May, 2020. Daily activities were allowed to operate from 6: 00 am to 2: 00 pm, Police were allowed to set up road blocks at 2: 00 pm and up. Food distributions were done from time to time by the business community, Churches, NGOs as well as Provincial and regional governments to students and needy population within Jayapura and other major towns. People are being encouraged by the Government, NGOs and Churches to go back to farm their land for food crops due to unpredictable end time for Covid-19 pandemic.

Below is derived from Elvira Rumkabu's assessment of Covid-19 Pandemic response in West Papua, (full story is attached with this submission);

In the context of Papua with long history of violence, the uncertainty of enforcement measures would likely threaten the already conflict stricken indigenous people. On the 25th of May 2020, Justinus Silas Dimara, a 35 year old indigenous Papuan men found dead after being sprayed to death by a police' Water Cannon during their patrol around Hamadi, Jayapura³. The repressive force taken by the authorities are unacceptable. We know that police have the powers to enforce the law – including through fines and dispersing gatherings but only with clear measurement. Just the day after the incident, the deputy of regional police told journalist that the police would set the standard operation procedures in maintaining public order to prevent the misuse of force during the pandemic.

What is needed to be understood by the public is that violence culture in Papua has embedded in the state's institutional structures is justified and enforced through exclusive policies. This incident showed how easy the power can be misused in Papua. This is why questioning the authorities' policies and powers especially during the crisis are crucial for Papuan people's survival.

Sexual and reproductive health situation in West Papua is worse than in all Indonesian provinces as many children die during childbirth. On the 12th of May, 2021 Naomi Yikwa a West Papuan mother gave still birth to a six months old premature birth in Jayapura General Hospital. She was stopped from going to clinic due to reasons mentioned earlier including the restrictions placed due to Covid-19. Common complaints among the West Papuan communities are that they are often forced by the health workers to have operations to stop further pregnancy even after their first child. Many mothers experience unnecessary operations which often complicates their afterlife. Susan Almung a mother of four have experiences of undergoing three operations in here lifetime to give birth to three of her children. One of the children was born paralyzed as a result of such treatment, which we believe went against her rights to health. She stated that “the treatment given by Indonesian nursing officers are bad because they laugh at us and advise us not to have kids because we do not have monthly income to support the kids and look after our kids.” She is at the

³ <https://jubi.co.id/semprotan-water-canon-satgas-covid-19-tewaskan-warga-papua-butuh-payung-hukum/>

moment weak and homebound due to such experiences that she went through. Many such stories are coming out from mothers in West Papua. Family planning or locally known as (KB) are being forced by nurses and doctors on Papuan mothers who happen to visit hospitals without their consent. There is no proper public and community awareness of the application of family planning in the rural areas of West Papua and mothers still give birth in traditional ways, mostly lead to complications.

2. In Indonesia, Papua province has the highest number of HIV AIDs cases with less developed health facilities including lack of access to quality health care system by the bulk of the indigenous West Papuans. It is heartbreaking to know that women are the most affected population in West Papua which is a serious issue for the local authorities. According to Beatrix Manggo (see full story attached);

Papua Province comes first nationally with the highest number of HIV/AIDS cases in Indonesia. Meanwhile at the provincial level, Nabire Regency has the highest number of HIV and AIDS cases. The HIV epidemic in Nabire Regency is classified as a generalized epidemic with the highest prevalence of cases among women, which is said to be the highest in Papua Province.

Restrictions during pandemic mean that the government had to channel all resources towards battling the Covid-19 leaving the victims of HIV AIDs and other sicknesses. During the first months of 2020, the hospitals in Jayapura even restricted visits from relatives of patients and forcefully sent home some patients before they could recover fully.

3. West Papua's health system is generally poor out of all other provinces in Indonesia due to colonial and discriminatory policies and practices employed to deliver health services in the province. First of all, the government literally divided the population into poor and rich sectors of the population based on wealth a person has in the bank account. Indigenous Papuans are mostly rural based and do not have access to banking facilities so they automatically fall under poor category. The reality is that the poor made up the majority of the Population in Papua region but only receives 30 million USD yearly budget⁴ for the last three years 2018, 2019 and 2020. For maternal neonatal emergency training, maternal and child safety enhancement programs receive another 30 million USD for the same periods for the whole province. The targets of 60 percent set for each sector was reached only through the half way during the three years period.

The poor sectors of the population could not be reached due to transportation problems, no road accessibility and even unavailability of standard medical facilities in the areas such as staff housing, and clinics. During the Covid-19 period the government established health volunteer programs to meet this problem. They sent 134 personnel with tents and other facilities into the remote areas throughout Papua to serve the people. This is not enough because West Papua has huge land mass and isolated population that needs well planned and coordinated effort to reach the smallest pockets of societies in West Papua.

4. There were no changes in the budget aspect but no services were implemented on the ground due to armed conflict in several regencies, Covid-19⁵ and population displacement due to the

⁴ Health budget for Papua province for 2018, 2019 and 2020 could be access here; <https://e-renggar.kemkes.go.id/file2018/e-performance/2-259002-2tahunan-990.pdf>

⁵ <https://www.bbc.com/indonesia/indonesia-52300165>

armed conflict. Special Autonomy package is also ending which means that the government purposely delayed the release of health and education funding for 2020 and 2021 in order to buy time for the people to agree to extend the Special Autonomy package. The politicization of funding means that those who are supporting the self-determination efforts were not included in the government budget.

The situation was made worse by official corruption and mismanagement of public funds which could not be contained by the government because of blame game. Since the West Papua people in Province have been fighting for independence, the elites apply victimization strategy to hide from corruption. Huge budget has also been going to the Indonesian military and police in Papua who have been engaging in an armed conflict with the West Papua National Liberation Army in several locations.

5. Mothers and children were victims of armed conflict and Covid-19 induced food and medical supplies shortages experienced in the conflict zones and Internally Displaced People's centers throughout the highlands. Supply of donations of food and medicine to the IDP communities were blocked and taken by the Indonesian military and police leaving indigenous Papuans to suffer from lack of food and medical care including lack of access to education for many kids from conflict zones.

6. Apart from the health and education budget politicization by Jakarta, protracted armed conflict in Nduga, Pegunungan Bintang, Puncak Jaya, Ilaga, Intan Jaya and Yahukimo and militarization of the region have been some major obstacles for West Papua people to access health services including mothers to access sexual reproductive services.

The another obstacle for indigenous Papuans to access better health services is the general climate of discrimination that exists within the Indonesians towards West Papuans. The experiences have shown that nurses and doctors in hospitals and clinics attend to West Papuans differently when compared to their attitude towards Indonesians. For instance John recalled during his visit to the hospital with his wife during her third operation about the mistreatment and negative comments that the Indonesians gave.

He said that; "according to nurses Papuans do not have monthly income and poverty is felt among the families, Papuans need to cut down family size by whatever means possible." However, John after listening to them responded that, "Papuans may not have millions in their bank accounts but they have land to farm and provide for their families. He told them that we have land, food, water and everything available to grow our family according to our standards."

He observed also that nurses and doctors took longer time to serve West Papuans, and many times they abandon patients at will if they want to answer calls and doing other staff. It is really different from Indonesian patients, they sat down and treat them with care and serve their medication on time.

7. The government's health volunteers program in West Papua was helpful during the Covid-19 period but most people have not benefited from the program due to short supply of medical facilities and personnel. The government at the time concentrated budget on military to carry

out military operations in four regencies and neglected needed medical supplies to the rural communities.

8. For the record, according to the Indonesian national statistics; Infant Mortality Rate⁶ (AKB) Per 1000 Live Births by Province (2012-2017) in Indonesia was 32 deaths per 1000 live births while in Papua region it was 128 deaths per 1000 live births 4 times the rate of Indonesia in general. Papua region was added from 74/1000 for (West Papua province) and 54/1000 for (Papua province).

The Neonatal Mortality Rate was 19/1000 deaths for Indonesia while for Papua region was 62 deaths per 1000. It was added from 35/1000 for (West Papua province) and 27/1000 for (Papua province). In general, the overview of Human Development Index for Papua region is lower than the national average of 73.81 in 2013. HDI for Indonesia was 73.81, while for Papua was 66.25 and 70.62 for West Papua province.

The Poverty Severity Index (P2) by Province (Percent), for Indonesia (2019-2020) was recorded as follows; Papua province (2019) March was 0.17 percent, September was 0.13 percent and for (2020) March 0.14 percent. For West Papua province (2019) March 0.20 percent, September 0.19 percent, and for (2020) March 0.23. While for Indonesia in general (2019) March 0.24, September 0.23 and (2020) March 0.25.

Most leaders in Papua often quote poverty rate in Papua⁷ region as high as 27-30 percent much higher than Indonesia or even some Least Developed Countries in the world. These data in general contribute to the poor performance of the health sector in Papua region.

9. Indonesia has not graduated to that level as yet, though aspire to establish its own Aid program targeting Pacific countries mostly driven by political aspirations just to shut their mouths off from speaking about West Papua issues.
10. Indonesia's economy in general was indeed affected by the spread of Covid-19 in 2020 resulted in the price increase in Papua region, food shortages and other problems. It has now stabilized due to funding assistance from International Institutions and loans from the IMF.

⁶ [Badan Pusat Statistik \(bps.go.id\)](https://bps.go.id/)

⁷ <https://papua.bps.go.id/>