



CARE Rapid Gender Analysis

Lombok Earthquakes

Indonesia

28 August 2018
CARE INDONESIA



Author

Heather Cole
Gender Technical Consultant

www.care-international.org

Acknowledgements

This RGA has benefitted from the valuable contributions from CARE International colleagues, particularly Nurhasdiana, Handayani Wasti Sagala, and Wahyu Widayanto of CARE Indonesia, Siobhán Foran of CARE International, and Kopernik, CARE International Indonesia's partner during Lombok response, who supported and contributed to this assessment.

The views in this RGA are those of the author alone and do not necessarily represent those of the CARE or its programs, or any other partners.

Cover page photo: Temporary Shelter in Lombok

Image: CARE



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Executive Summary

Natural disasters, such as the earthquakes that hit Lombok in July and August 2018, affect women, men, girls and boys differently. Drawing on pre-crisis information as well as primary data collection, this rapid gender analysis (RGA) of the Lombok earthquakes found that women and girls are particularly at risk in this crisis, due to their increased workload and caring responsibilities. The destruction of food gardens has removed a key source of food that women depended on to feed their families, as well as deprived them of their main source of livelihood. Girls and women are also likely to face secondary gendered risks as a result of the disaster, including increased domestic violence, sexual harassment, abuse and exploitation. Pre-existing inequalities within the household may also expose women to particular risks of food insecurity, due to social practices of women eating the least and eating last when food becomes scarce. The specific responsibilities that women and adolescent girls already have mean that they are likely to be more isolated from sources of support, including services, and reliant on their husbands and male family members for important information about and access to the assistance and services available. Women's reduced control over resources, combined with the collapse of their income-generating activities due to their displacement, means that women are facing an acute tension in trying to fulfil their domestic responsibilities. In displaced camps, women's lack of safety and privacy in both sanitation and shelter is a critical issue that must be addressed. Female-headed households and widows require particular attention within the response to the crisis; they have less bargaining power, scarce financial resources to purchase essential goods, and are often deprived of the required skills to rebuild their shelters, all of which put them at increased risk of exploitation.

Key recommendations

Build on CARE's existing gender-sensitive practices in order to design the humanitarian response:

- *At all stages of the response, ensure teams include both women and men. The inclusion of female staff in the team facilitates consultation with women and adolescent girls and, therefore, supports their access to assistance.*
- *Ensure that both women and men are consulted about their priority needs, concerns, and preferred distribution mechanisms and on how to access to vulnerable groups.*
- *Assess differential access to aid and services. Pay particular attention to safety, in order to reduce the risk of gender-based violence (GBV).*
- *Assess how the disaster has affected both women's and men's agricultural livelihoods:*
- *Pay particular attention to the situation of female-headed households, pregnant and lactating women, older people and people with disabilities, and of the women who care for them.*

Key findings

- As the main guardians of family health, and caretakers of children and other dependent family members, women are likely to face a further increase in their workload, arising from: the partial or complete destruction of WASH facilities and food gardens, children no longer being in school, as well as a rise in family morbidity.
- Damage to food gardens means that women are no longer be able to sell their surpluses, diminishing their access to income.
- The poorest members of the community, particularly widows and single mothers, may have increased difficulty purchasing essential goods such as food or water and getting help to (re)construct their shelters and are at risk of sexual abuse in exchange for such resources.
- People with disabilities are at acute risk of neglect and maltreatment; women with disabilities are at risk of sexual violence; and women caring for those with disabilities are at risk of isolation and impoverishment.
- As food is scarce, girls and women are less likely to have access to food that is high in protein and fat. Pregnant or lactating women are at particular nutritional risk.
- Challenges that women face in fulfilling their role as family caretaker, particularly when it comes to food, increase the risk of domestic violence.
- Increased difficulties in accessing drinking water and the lack of sanitation facilities in displaced camps expose women and girls to greater risks of violence and undermine their dignity.
- Economic hardship may heighten the vulnerability of women and girls to sexual exploitation and abuse as they are more desperate to secure resources.
- When schools resume, impoverished families may prioritise the education of boys, with girls required to stay at home if families cannot afford school fees for all children.
- Displacement isolates women and girls from their sources of support and protection, making them more vulnerable to abuse.

Introduction

Background information on the Lombok earthquake

An earthquake measuring 6.4 on the Richter scale occurred on 29 July 2018, with the strongest shocks felt in Lombok Island, West Nusa Tenggara (NTB) Province. The affected areas included Central Lombok, East Lombok, Mataram City, North Lombok and West Lombok, with North Lombok most severely affected. There has been a subsequent series of strong aftershocks, including a 7.0 earthquake on 5 August, a 6.2 earthquake on 9 August and a 7.0 earthquake on 19 August in the same areas. The earthquakes were also felt in Bali and to a lesser degree in East Java and Makassar.¹

The earthquakes have triggered landslides, widespread collapse of buildings, significant structural damage, including to bridges, roads, schools, hospitals and office buildings, damaged cellphone and landline telephone connections. The earthquakes have also caused power outages. Satellite surveys in North Lombok District show significant numbers of destroyed houses, more than 50% severely damaged, and the remainder moderately damaged. Final assessments are likely to indicate higher levels of severe damage and destruction. The Government has not declared a national disaster, although the disaster response efforts are at a national scale. On 16 August, the Governor of Nusa Tenggara Province extended the emergency response period until 25 August to further evacuate people remaining in hazardous areas and to prevent collateral disasters.

The central government is assisting and strengthening local government through budgetary assistance, the deployment of personnel, logistical and equipment and managerial and administrative arrangements. As of 20 August, the total number of reported displaced people had reached 431,416, although this is likely to rise. The most urgent humanitarian needs are basic relief items and services, including shelter, health and medical services, WASH and nutrition.² Additional logistical air support is helping to reach more remote areas and ASEAN relief items started to arrive on 14 August.

Women, men, boys and girls are experiencing and will continue to experience differing immediate and longer-term impacts of the earthquake. It is well-recognised that pre-existing inequalities are likely to be magnified and exacerbated by disasters, and that “the specific vulnerabilities identified in the moment of crisis can only be completely understood and fully addressed by reference to the backdrop”³. As such, this Rapid Gender Analysis intends to ensure that differing assistance and protection needs and priorities are informed by an understanding of the underlying gender dynamics and the ways in which these are likely to be reinforced in this crisis. This lens will help to ensure the delivery of an effective response that meets everyone’s distinct needs and does not inadvertently contribute to exacerbating the pre-disaster inequalities and vulnerabilities. The analysis presents the main gender issues in the affected areas, with a focus on the priority sectors of the humanitarian response. It highlights some of the pre-existing social and economic gender dynamics within this context and identifies the potential gender-differentiated issues in these sectors. Recognising the ways in which gender relations are organised helps to identify where there are likely to be particular issues in displacement; to identify where there is likely to be increase in GBV, including sexual exploitation; and to build mitigation measures that address gendered issues and risks into the design of the humanitarian response.

As CARE Indonesia has been engaged in gender equality and women’s empowerment initiatives for many years, the findings and recommendations also draw on the organisation’s experience in taking into account distinct vulnerabilities, capacities and coping strategies and on its good practices. Response and recovery efforts will be considerably enriched as more data from affected areas becomes available and a more detailed social and gender analysis of the affected communities is undertaken.

Rapid Gender Analysis Objectives

A Rapid Gender Analysis (RGA) provides information about the different needs, capacities and coping strategies of women, men, boys and girls in a crisis by examining their roles and their relationships, and the implications of these during displacement. As the response is affected by the aftershocks and the continued immediate response and evacuation, this document is intended to provide an initial foundational analysis of gender dynamics, drawing on pre-crisis information and the immediate rapid survey conducted by country office staff. As the response continues and evolves, additional information, observation and data will help to expand the detail, and provide more nuanced recommendations.

¹ OCHA update, 22 August 2018

² Situation Update No.5, ANA Centre, 13 August 2018; Situation Update No. 6, ANA Centre, 14 August 2018

³ Huong Thu Nguyen (2018) ‘Gendered Vulnerabilities in Times of Natural Disasters’, Violence Against Women Journal 1-20 Sage

The objectives of this RGA, therefore, were to better understand:

- how women, men, girls and boys are affected by the earthquakes
- the impact of the earthquakes on gender dynamics
- emerging opportunities to provide an emergency response that meets the differing needs and vulnerabilities of women, men, boys and girls.

Methodology

An RGA is built up progressively, using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm'. Rapid Gender Analyses use the tools and approaches of Gender Analysis Frameworks and adapt them to the tight time frames, rapidly changing contexts and insecure environments that often characterise humanitarian interventions.

CARE undertook research for this RGA between 18 and 23 August, which included;

Secondary Data Review: Analysis of secondary quantitative and qualitative information from before the crisis. This included reports, research, factsheets and guidance related specifically to gender dynamics in Lombok, and research into the impacts of crises on gender dynamics in the wider humanitarian sector. Sources of information produced after the earthquake, such as sitreps, were also analysed. The rapid assessment, conducted by CARE and its partners in Lombok, provided additional information.

Primary Data Collection: Key informant interviews were conducted by key CARE Indonesia staff and partners in Lombok. These included focus group discussions with young women and young men, adult women and men as well as individual interviews with women and men with a range of community roles. Key informants also included the Ministry of Women's Empowerment and Child Protection, the Social Department of the Government and a consortium of women's organisations and local NGOs.⁴

Demographic profile: Sex- and age-disaggregated data

Affected areas ⁵	Resident population	Male (All age groups)	%	Female (All age groups)	%	Average household size
East Lombok Regency	1,173,781	546,569	46.6%	627,212	53.4%	3.41
North Lombok Regency	214,393	105,730	49.3%	108,663	50.7%	3.6
West Lombok Regency	665,132	325,213	48.9%	339,919	51.1%	3.56
Central Lombok Regency	922,088	436,155	47.3%	485,933	52.7%	3.35
Mataram City	459,314	227,097	49.4%	232,217	50.6%	3.66

It is estimated that 3,512,689 people have been affected by the disaster across four regencies and one city. These figures are not yet complete and are likely to rise as more information becomes available⁵.

Among them, displaced populations of 417,529 requiring immediate assistance includes 187,891 males (all age groups) and 229,646 females (all age groups), including children under 5 and infants⁶. Specific data relating to Central Lombok Regency is not yet available and therefore these numbers are likely to rise as additional information becomes available.

Currently, North Lombok Regency is the most affected area with very high levels need for assistance, followed by West Lombok Regency, East Lombok Regency and Mataram City. Immediate needs include shelter, nutrition, water and sanitation, health services and protection.

⁴ Kaukus Peduli Perempuan (women's care caucus), Jaringan Masyarakat Sipil (Civil Society Network), YPNS, Perkumpulan Usaha Peningkatan Usaha Kecil (small business union), Serikat Hutan Hijau (green forest union), IBRA

⁵ ANA Centre Situation Update No 7, 16th August 2018

⁶ Situation Update No. 7, ANA Centre, 16 August 2018; data incomplete

As of 15 August 2018, the Health Crisis Centre of the Ministry of Health reported 59,603 pregnant women, 72,582 infants (not disaggregated by sex), 213,724 toddlers (not disaggregated by sex) and 304,526 elderly persons (not disaggregated by sex or age) as particularly vulnerable.

There are currently 18 functional hospitals providing medical care to the affected populations. Concerns about the health work force's levels of fatigue, anxiety and fear have been reported.

Food insecurity for all affected populations is high; communities have not been able to harvest and have lost the food from their gardens. Since the population is agrarian and relies on farming for their household consumption and income, the combination of the destruction of their land and fear of returning in case of future shocks is particularly devastating in terms of access to adequate food.⁷

The majority of those displaced are currently staying in IDP camps or unofficial informal camps with makeshift shelters and limited sanitation⁸. The government-organised response is prioritising the distribution of tents and tarpaulins but the scale of needs means this is going to take time.⁹ In addition, given the destruction of infrastructure, areas that are more rural are more difficult to reach and this too means that the response may take longer. The insecurity of shelter and the lack of privacy for women and adolescent girls in particular have been noted as issues of concern, including a comment that young women are sleeping in their daytime clothes with long trousers so as "not to reveal body parts to men who are not our relatives".¹⁰

As of 16 August, the death toll had reached more than 460 people¹¹. There is no sex or age breakdown of the people who have died or been injured as a result of the earthquake. It is likely, in line with observations made in other natural disasters that more women are likely to have died since, in trying to protect their children and older and sick people in their care, their own chances of survival were reduced.¹² If this is the case, this will have implications for households and whole communities, since women carry the responsibility for domestic care.

Issues of disability are under-recognised in the current data available. The ASB Disability Inclusion Rapid Assessment (August 2018) notes that few actors are collecting sex-, age- and disability-disaggregated data. The ASB Assessment also highlights that there is no standardised format for capturing disability data.¹³ It is also essential to recognise that there are differentiated needs between and protection risks for men, boys, women, and girls with disabilities. Women and girls with disabilities are particularly exposed to sexual violence. In addition, women who are responsible for providing care for those with disabilities face particular constraints and have specific vulnerabilities that must be accounted for in the response. They are likely to be even more constrained and isolated and, therefore, have relatively fewer opportunities to generate income or participate in public meetings. This leaves them uninformed, under-resourced and with a relatively higher exposure to sexual exploitation and abuse.

Lombok is predominantly Muslim with social organisation and gendered roles grounded in these traditions. Lombok also has a minority Hindu population. Key informant interviews recognise the implications of ceremonies from the different communities and, at the same time, recognise consistency in many key gender roles. Women's roles are predominantly domestic, their access to and control over resources is limited and their participation in community decision-making is also constrained. Similar practices around personal hygiene, particularly menstruation, were highlighted throughout the key informant interviews. These include the need for privacy, compulsory bathing and purification after menstruation; and the need for adequate and dignified disposal of sanitary materials¹⁴.

⁷ AHA Centre Situation Report No. 7, 16 August 2018. Key informant interviews 22-23 August

⁸ Key informant interviews 22-23 August 2018

⁹ AHA Centre Situation Report No. 7, 16 August 2018

¹⁰ Key informant interviews 22-23 August 2018

¹¹ AHA Centre Situation Report No. 7, 16 August 2018

¹² OCHA, Feinstein International Center, Tufts university and CARE, *Sex and Age Matter*, p. 27, 2011

¹³ ASB '7.0 Lombok Earthquake Disability Inclusion Rapid Assessment Report', August 2018

¹⁴ Key informant interviews 22-24 August 2018

Findings and analysis

Lombok can be characterised as a patriarchal society in which women continue to face severe inequalities and where their participation in public life and community decision-making is highly constrained. These inequalities stretch across all areas of their lives, including economic, social, cultural and political. Indonesia ranks 113 out of 188 countries classified in the 2016 Gender Equality Index¹⁵. While Lombok cannot be taken to be representative of a widely diverse population, it is also reasonable to assume that Lombok is not a notable outlier in gender equality. There is a prevalence of GBV in Lombok, including within marriage, which is not necessarily named as such¹⁶. While Indonesia is a signatory to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), traditional gendered divisions of labour, resources and roles are not equally valued. In addition, the social constructions of gender result in women being seen as inferior, leading to their exclusion from leadership positions, marginalisation in education and economic activity and discrimination in land rights¹⁷. Male authority tends to be institutionalised in the political, religious and family realms and women are highly dependent on marriage for their social and economic survival. As such, the sexual reputations of women and adolescent girls are extremely important, socially policed and intricately bound up with their virginity¹⁸. This extends to the pressure on women and girls around their mobility, including where they sleep, wash and use sanitary facilities.¹⁹

Gendered roles and responsibilities

Traditional gender roles in Lombok position women as responsible for domestic labour and taking care of family members. This includes collecting water where necessary, provisioning food and cooking, taking care of laundry and looking after children, the sick and the elderly. Women may also farm, work in their garden or raise chickens but this is understood as supplementary income and subsistence supplies rather than the family's core resources. The burdens that women are expected to do are particularly heavy. In the key informant interviews, one woman from Bali reported that her husband helped her with domestic work. Her comment was noted to be exceptional²⁰.

Women do not necessarily inherit resources and if they do, these will be of less value than the men in their families.²¹ While women have some control over the money they generate, they are not in a position of authority over bigger decisions about the use of family resources. Some women may also have work outside the home; this tends to be more informal and insecure employment (e.g. household assistant). Forty per cent of women are married at 18 or younger, and 23% are mothers at or before the age of 18²². There are particular stigmas for women should they be unmarried or divorced, particularly if they have children. Women in these circumstances have problems accessing distributions and services.²³

Men's roles involve working their farms and generating income by selling produce in the markets. Men may have other paid work and are held responsible as the head of the household. Men also own land and therefore have authority over income-generation. As the future heads of households, boys' education is prioritised over girls'. Men may also be polygamous and responsible for more than one household, which can stretch resources thinly²⁴. Men will participate in community and public meetings and, as such, are often the gatekeepers of the information that their family receives.²⁵ Since their levels of education are higher, they may also have access to more written communications and information than their wives. Men are also responsible for religious spheres and the reputations of their family.

Within marriages, women may experience violence that is not easily recognised or discussed. For example,

¹⁵ UNDP Human Development Reports 2016; Gender Equality Index

¹⁶ Bennett, L, Andanjani-Sutjahjoo, S & Idrus, N (2011) 'Domestic Violence in Nusa Tenggara Barat, Indonesia; Married Women's Definitions and Experiences of Violence in the Home' The Asia-Pacific Journal of Anthropology, 12:2 146-163

¹⁷ Larasakti, C (2017) 'Striving for Gender Equality; An Empirical Study in East Lombok, West Nusa Tenggara, Indonesia' Centre for Capacity Development and Networking, Faculty of Social and Political Sciences, Universitas Gadjah Mada

¹⁸ Platt, M (2012) 'It's Already Gone Too Far': Women and the Transition into Marriage in Lombok, Indonesia' The Asia-Pacific Journal of Anthropology, V 13, No1. February 2012

¹⁹ The Government of Indonesia has taken preliminary steps in addressing gender responsive, streamlining gender into DRR Agency Regulation No.13/2014 with the goal to: a. Undertake the gender gaps between men and women in terms of access, participation, benefits and control to resources; b. Strengthen the institutionalization of gender mainstreaming, including in data collection and capacity building in human resources; c. Fulfill the basic needs of female/male specific needs based on gender analysis.

²⁰ Key Informant interviews 22-24th August 2018

²¹ Eddyono et al (2016) 'When and Why the State Responds to Women's Demands' Understanding Gender Equality Policy Change in Indonesia' UNRISD (United Nations Research Institute for Social Development, Key Informant Interviews 22-24th August

²² Bennett, L, Andanjani-Sutjahjoo, S & Idrus, N (2011) 'Domestic Violence in Nusa Tenggara Barat, Indonesia; Married Women's Definitions and Experiences of Violence in the Home' The Asia-Pacific Journal of Anthropology, 12:2 146-163

²³ Gender in Brief Indonesia; CARE

²⁴ Bennett, L, Andanjani-Sutjahjoo, S & Idrus, N (2011) 'Domestic Violence in Nusa Tenggara Barat, Indonesia; Married Women's Definitions and Experiences of Violence in the Home' The Asia-Pacific Journal of Anthropology, 12:2 146-163

²⁵ Key informant interviews 22-24th August 2018

within the patriarchal norms of marriage, men are presumed to have a right to sex and it is women's duty to comply. This can make it very difficult for women to name their experience as forced sex or rape. In addition, there is a particular and very powerful social shame and humiliation for women if their husband is unfaithful to them since they are held responsible and seen to be 'failing as a wife'. It should also be noted that men may use polygamy as a justification for their infidelity and women have little leverage to insist on fidelity or to negotiate divorce. The social, as well as economic, dependence on men for women's status and respectability within the community makes them particularly vulnerable to abuse.²⁶

Changes in gendered roles and responsibilities following the earthquakes

- The earthquakes have had a significant impact on how households function. Neither men nor women are going to their farms and gardens as they did before,²⁷ and they are not able to cultivate their land or sell their cashews and coconuts. For men and boys, particularly, this compounds their trauma from the earthquakes, as it undermines their sense of purpose and contribution to the household. Being unable to fulfil their roles as providers has contributed to a deep sense of purposelessness, hopelessness and loss of identity. The fear created by having been in their fields as the earthquakes struck means there are on-going anxieties about returning. This sense of purposelessness, as well as food insecurity, may be the triggers for increased levels of domestic violence.²⁸
- The partial or complete destruction of farms and harvests, as well as displacement into informal camps, means that workloads and economic hardship are likely to increase substantially for all members of affected communities during the response and recovery periods. There are going to be considerable challenges in meeting basic needs and rebuilding livelihoods and lives.
- It is highly likely that women's workloads in particular will increase drastically. They are still responsible for cooking for and feeding their households and have less access to adequate food. With schools either destroyed or closed, women's responsibilities for childcare have also increased. Without access to adequate water, women are spending more time meeting these needs. Women's paid work is also seriously affected, meaning that they have less discretionary income, which impacts their power to negotiate in their households. The level of work does not reduce for pregnant women and this group needs to be given particular attention and support. Women who are caring for those with disabilities will also need to be given particular attention since their burdens will also increase, particularly when they are displaced and do not have access to the mechanisms and support systems they relied on previously.²⁹
- With decreased access to clean water for drinking, cooking and washing, as well as precarious sanitation facilities, there is an increased likelihood of sickness, which will also add to women's workload, since they are responsible for taking care of sick family members³⁰.
- Women's increased workloads and responsibilities have particular implications for their capacity to participate in public meetings and decision-making. Already limited by their social roles, now with an increased workload, women's ability to participate actively in public meetings and decision-making forums is further curtailed. In addition, the social networks of women that function during normal times are disrupted during displacement, meaning women are more isolated than usual and have less informal access to information. This means they are even more reliant on their husbands as gatekeepers of information about services, humanitarian assistance, and more, reducing their potential access and participation even further.³¹
- According to interviews with women's organisations and local NGOs, in some villages, it was found that some women are giving birth in tents, some assisted by traditional midwives and some by trained midwives. MoH regulations provide that traditional midwives are only allowed to assist trained midwives rather than conduct the procedure alone. In addition, after giving birth, mothers and babies do not have access to a separate, private and hygienic accommodation and mothers do not have access to special nutritious food, affecting the health of both mothers and breastfed children.
- Presidential Instruction No. 5/2018, which was issued on 23 August and which concerns the acceleration of post-earthquake rehabilitation and reconstruction, instructed government ministries, coordinating ministries, the governor, heads of district and mayor on a number of key tasks. It is worth noting, however, that this instruction does not include the Ministry of Women's Empowerment and Child Protection as one of the

²⁶ Bennett, L., S. Andanjani-Sutjahjoo and N. Idrus (2011) 'Domestic Violence in Nusa Tenggara Barat, Indonesia; Married Women's Definitions and Experiences of Violence in the Home', *The Asia-Pacific Journal of Anthropology*, 12:2 146-163

²⁷ Key informant interviews, 22-24 August 2018

²⁸ IFRC (2018) 'The Responsibility to Prevent and Respond to Sexual and Gender-Based Violence in Disasters and Crises; Case Studies in Indonesia, Lao PDR and the Philippines'

²⁹ ASB, August 2018, '7.0 Lombok Earthquake Disability Inclusion Rapid Assessment Report'

³⁰ Key informant interviews, 22-24 August 2018

³¹ Oxfam GB (2011) 'Indonesia Case Study; Jengjala's Women Living Close to Disaster'

ministries that must be involved in the rehabilitation process. The Ministry is pursuing the issue with the Office of the President.

Water, sanitation and hygiene (WASH)

In a context where most people have toilets in or close to their houses, women and adolescent girls have had privacy and have been able to manage their menstrual hygiene with dignity. Women are more responsible for collecting water for cooking, drinking, washing and laundry and remain so in displacement. Women's role includes ensuring that water is both available and of adequate quality and, if there is a need to buy water, it is women's responsibility to manage household finances to make sure that the needs are met³². There is a tension between men's control of the household resources and women's responsibility to manage those resources to meet the needs of their family and this is likely to be exacerbated in crisis. Women who are looking after the elderly, family members with disabilities and young children have a particularly heavy burden in relation to the provision of water.

Changes in gendered WASH practices and needs following the earthquakes

Because of displacement and the informal nature of the camps and settlements, water is a particularly important concern. Key informant interviews noted that there are not enough water points and there is insufficient water for everyone to bathe. This has particular importance for women and adolescent girls who are menstruating, not only in terms of hygiene but also in terms of their religious practices. The locations of the water points were also noted as difficult for those with mobility issues (those with disabilities, pregnant women and women who are caring for infants and young children who cannot be left alone).³³

The scarcity of water also has implications for kitchen hygiene and there is an increased likelihood of disease outbreaks if women are not able to maintain their sanitation adequately. There are risks of dehydration, particularly for the elderly, sick, the very young and pregnant women. The current hot and dry season with drought identified and the likelihood of continued hot and dry weather until September means there is little opportunity for rainwater harvesting, putting increased pressure on distributed water.³⁴

Toilets and showers have been identified as particular issues for women and girls³⁵. Toilet designs and positions mean that women and girls can be seen by men and this creates insecurity and indignity for them. Women and children report being afraid to use the toilets at night. While their expressed fears included attacks by animals, there were also comments about being afraid "that unwanted things will happen"³⁶. It is not unreasonable to presume that these 'unwanted things' might include sexual harassment and abuse. Sexual violence around toilets and showers is recognised as highly likely in both formal and informal camps in emergencies and particular attention needs to be paid to these installations³⁷. In addition, women are responsible for bathing small children and therefore need more time in toilets and showers, as well as privacy. Young women noted that their parents accompany them to the toilets and they are particularly scared after dark when there are no lights and they do not know who else might be around.

Respondents in the interviews also noted the specific needs of menstruating women and adolescent girls, including sanitary supplies, water to bathe and privacy. In relation to sanitary supplies, some have been distributed but only enough for one month. This has particular implications for post-partum women, since they are unlikely to have sufficient supplies. In addition, the products provided are not those that women are used to. Women are used to washable cloth or towelling, which fulfils their 'purification' practices of washing the blood away and are also reusable, creating no disposal issues³⁸. With the single-use pads, they are not able to wash the blood as they want to and do not have facilities for disposal.

Lastly, when there is constrained access to water and some families may need to buy water to meet their needs. It is critical to recognise the interplay between women's economic disadvantage and their responsibility for the provision of water. There is an increased exposure to domestic violence if they cannot fulfil their domestic responsibilities, and they may also be exposed to sexual exploitation as they try to source more water for their families without adequate means to pay.

³² Key informant interviews, 22-24 August 2018

³³ Key informant interviews 22-24 August 2018

³⁴ ASB, August 2018, '7.0 Lombok Earthquake Disability Inclusion Rapid Assessment Report'

³⁵ Key informant interviews, 22-24 August 2018

³⁶ Correspondence with CARE Indonesia gender specialist

³⁷ IFRC (2018) 'The Responsibility to Prevent and Respond to Sexual and Gender-Based Violence in Disasters and Crises: Case Studies in Indonesia, Lao PDR and the Philippines'

³⁸ Key informant interviews, 22-24 August 2018

Shelter

With over 450,000³⁹ people displaced, the number of families in need of emergency shelter is extremely high. Rapid displacement and evacuation has meant the vast majority are currently in informal camps and settlements, and living in mass shelters. Reports have emerged that, in some locations, there are 30 to 50 people living in individual tents⁴⁰. While immediate delivery of tents and tarpaulins is underway and systems for more distribution have been established quickly, there are specific issues for women and girls in their current situation. Most of those displaced will be unable to return to their homes for some time due to the enormous destruction of buildings, and the instability of those remaining, as well as the deep fear induced by the earthquakes. As such, shelter provision-planning needs to assume that people will be displaced for some time to come, and be structured accordingly.

Changes in shelter practices and needs following the earthquakes

- Women and adolescent girls are particularly affected by living in mass shelters and the lack of privacy this affords. It is uncomfortable and exposing for them when they want to change their clothes, for example, and when they are menstruating⁴¹. In addition, young women reported that they are routinely sleeping in their clothes at night to avoid any part of their bodies being inadvertently exposed to the men around them.⁴²
- Overcrowding in mass shelters, in conjunction with socially and culturally inappropriate housing, is likely to heighten stress levels and tension within and between households. Overcrowding and inappropriate housing also increases the likelihood of violence against women and children, particularly when they have nowhere else to go and their usual social support mechanisms of friends and extended families are also under strain, and cannot provide the kinds of safety mechanisms and support that women and children may rely on.
- Women and children with disabilities and women who are caretakers of those with disabilities are further exposed to issues of privacy, since reduced mobility means it is much harder for them to find private spaces. Those who use mobility and sensory aids, most of whom have lost them in the displacement, are especially disadvantaged⁴³. Their lack of mobility and overcrowding in the shelters makes women and girls with disabilities targets for perpetrators of sexual violence and harassment.
- As shelter provision becomes more organised and as reconstruction begins, it is important to note that building shelters is an activity conducted by men. As women are marginalised from community meetings and decision-making and may not have access to all the information available from organisations, it is critical to find ways to ensure that women are able to participate in the decisions being made. Women who are unmarried – e.g. widows, female-headed households – may be confronted with sexual exploitation in return for assistance from men if they are not provided with targeted assistance. It will be essential to ensure that these women have access to support in transporting materials, constructing shelters and making repairs, and to the resources to pay for assistance should they need it.
- Interviews with young people noted that overcrowding in the mass shelters has an impact on their well-being since adults, particularly adult men, talk late into the night, making it difficult for them to sleep. Other key informant interviewees noted that, in these temporary shelters, the burden of protecting and reassuring children is also high for women particularly when they are staying in places where there are many strangers⁴⁴.
- An interview with the Ministry of Women's Empowerment and Child Protection revealed that, based on discussions with women in North Lombok conducted by NGOs and reported to the Ministry, women are more comfortable with semi-permanent buildings, constructed of wood, bamboo or other materials rather than cement and brick, which are considered dangerous.

³⁹ ReliefWeb, citing OCHA 23 August 2018

⁴⁰ Key informant interview with the Ministry of Women's Empowerment and Child Protection

⁴¹ Key informant interviews, 22-24 August 2018

⁴² Key informant interviews, 22-24 August 2018

⁴³ ASB, August 2018, '7.0 Lombok Earthquake Disability Inclusion Rapid Assessment Report'

⁴⁴ Key informant interviews, 22-24 August 2018

Protection

This section has been included in recognition that the provision of WASH and shelter assistance has a significant role to play in reducing the risk of and exposure to gender-based violence (GBV).

As noted, the particular gender dynamics and patriarchal social norms in the affected communities have specific consequences for women and girls. Reputation and modesty are extremely important and the social and economic well-being of women is based on marriage and being understood to be a 'good wife'. Men have authority in the household and may also be involved in polygamous relationships, meaning their resources can be divided between households, setting women in competition with each other for resources. Women's lower educational status and restricted access to income-generating activities, together with their unpaid domestic responsibilities means they are more likely to be impoverished and more likely to be exposed to sexual exploitation in crisis as their need for resources rises.

Gender-based violence: The underlying patriarchal gender inequalities that inform and shape social relations in a community become particularly visible and reinforced in crises. The combination of women's restricted access to resources, the expectations of them taking responsibility for the care of their families, including the provision of water and food, and their isolation from other sources of support, including women friends, means that they are highly exposed to increased levels of violence, within their families and from the men around them.

The particular issues around WASH and shelter also mean greater surveillance for women and adolescent girls, under the cover of 'protection' by the men in their families. While escorting them to toilets and showers or staying close by in shelters become essential as protection in an insecure environment, it also means that women and adolescent girls have fewer opportunities to build supportive relationships with each other or to participate in public life if they are always accompanied. There is also the risk of increased domestic violence and fewer opportunities to seek support or have access to services.

In crisis and displacement, there is a higher likelihood of women and girls being exposed to sexual exploitation as their access to resources decreases while, at the same time, the demands made upon them to address their family's needs increase.

In Indonesia, 17% of girls marry before their 18th birthday. According to Indonesia's Central Agency on Statistics (BPS) data, in 2016, as many as 25.4% of girls in West Nusa Tenggara (NTB) Province were married under the age of 18 years, impacting girls' school attendance, maternal mortality rates, as well as levels of malnutrition among children of young mothers. The Government of Indonesia (GoI) has instigated regulations regarding child marriage and there are local rules ('awik-awik') in place that mean that anyone facilitating the marriage of a person below 18 years is subject to sanctions.⁴⁵

Many women from Lombok migrate for work to the Middle East, Malaysia and several other countries, where they work mostly as household assistants.

In a key informant interview with CARE, the Ministry of Women's Empowerment and Child Protection reported that, while a protection system for the camps has not yet been implemented, they have not received any reports of violence or sexual abuse. However, the representatives of the Ministry do recognise that, if the current conditions of displacement continue, the risk of such cases increases. The Ministry also reported that they have established several women- and child-friendly centres ('pos ramah perempuan dan anak') and that, in some locations, temporary shelters have been built and are prioritised for women – including breastfeeding mothers - and children.

Gender-based violence:

- Many women report economic, verbal and physical abuse by their husbands.
- Women are socially shamed by their husband's infidelity and this dynamic can be used as a threat by abusive husbands to gain their compliance domestically.
- Adolescent girls are vulnerable to early marriage and their vulnerability increases in crises, as families may see this as a way in which they are provided for and protected.
- Adolescent girls may be more vulnerable to abuse through a manipulation of the 'kawin lari' system, especially when they are in mass shelters.

Source: *'Domestic Violence in Nusa Tenggara Barat, Indonesia; Married Women's Definitions and Experiences in the Home'* Bennett, L et al (2011) *Asia-Pacific Journal of Anthropology*.

⁴⁵ Key informant interview with the Ministry of Women's Empowerment and Child Protection

Conclusions

Initial findings suggest that particular attention should be paid to providing assistance that alleviates or, at the very least, does not increase women's workload. Preliminary findings also call for a particular attention to the situation of widows, women and adolescent girls with disabilities and female-headed households, given their specific vulnerability to abuse. Women's food security and livelihoods recovery requires specific vigilance, ensuring that resources are accessible by women, without the intervention, necessarily, or the mediation of their husbands. It is especially important that women be enabled to have direct access to water and food.

Given the underlying inequalities that are at play in the earthquake-affected area and the potential increased violence women and girls face, ensuring that gender issues and the risks to women and girls are understood and taken into account is central to the provision of a response that is of a high quality, efficient and safe. Deliberate and targeted efforts need to be made to ensure that women's voices, concerns and fears are heard and inform the humanitarian response and recovery, and that WASH and shelter responses are designed to improve safety, increase participation and mitigate risk.

Recommendations

These initial recommendations are suggested to support gender-sensitive programming in the immediate response and as the foundations for on-going intervention. Given the rapid nature of this RGA, the recommendations may, and should, change and become more detailed and nuanced as more information becomes available.

Overarching recommendations

- If support staff join the emergency response, it is recommended to include gender-awareness training as part of rapid recruitment/orientation of staff.
- When identifying new partners, assess their capacity of implementing gender-sensitive programs.
- Ensure that women are recruited as staff and volunteers when beneficiary groups are women and children.
- CARE should continue proactively discussing gender issues through coordination bodies and its networks, including the WASH and Shelter Clusters/Sector, sharing the findings of this RGA.
- Targeted attention should be given to the establishment of safe spaces for women and girls to encourage relationship building, and enable them to articulate and share their specific needs and concerns. Ensure that women with disabilities and women with extensive caring responsibilities have access to these spaces, as their isolation and vulnerability is acute.

Assess different needs, priorities, concerns and coping strategies:

- Consult women and men, girls and boys about their priority needs, priorities, safety and protection concerns and coping strategies.
- Collect sex- and age-disaggregated data on the composition of each household. This allows for fair assistance that is commensurate to the needs of each family and helps to identify where there is likely to be increased vulnerability. This information is especially important in the case of polygamous households with more than one wife.
- Identify the positive and the negative coping strategies adopted by affected women, men, girls and boys.
- Assess mobility dynamics to determine who has moved and who has stayed in the communities of origin. If older people or people with disabilities were left behind, identify means and partners to provide protection and assistance. Pay particular attention to the risks of GBV for women with disabilities or women who are caring for those with disabilities.
- Keep in mind that people with disabilities, particularly women and girls, are usually kept at home and hidden from the community. Ask questions to locate and support people with disabilities. Ensure that women providing care for those with disabilities are given additional support.
- Identify factors affecting safety so as not to increase risks of GBV (for example, segregated toilets, lights, doors and locks on toilets and showers, clear pathways to and safe locations of toilets and showers, reduction in the use of mass shelters as soon as possible, etc.).

Ensure equal, safe and dignified access to assistance:

- Ensure that humanitarian teams are aware of the likelihood of heightened stress levels among community members and the increased risks of different forms of violence. Pay particular attention to 'hidden' issues of domestic violence, particularly where women are being accompanied for safety by strangers.

- Collect sex- and age-disaggregated data in response activities and use it to verify equitable access, adapting interventions where necessary.
- Ensure safe spaces for women and girls to enable private and confidential opportunities to build support networks and articulate concerns and to access information.
- Together with communities, define what are the special arrangements needed for those who have mobility issues or who are more at risk of violence (for example, priority lines, distribution close to dwellings, financial support to cover transportation costs, size and weight of aid packages that are manageable to carry). Ensure that the needs of women who care for those with disabilities are included in these discussions.
- Through the channels of communication and formats of information-written, pictorial and/or oral, ensure that beneficiaries know that no one has to pay or provide services/favours in exchange for receiving assistance. Messages should be designed in a way that is accessible to illiterate people.
- Establish, with the community, processes or mechanisms to receive feedback and complaints on access, safety and quality concerns related to assistance. Ensure that these processes respond to the specific needs of women and girls, and are not mediated by the men in their families.

Targeted recommendations

Support women's equal access to and control over assistance

- Discuss with women to understand how power dynamics at home and in the community may reduce their mobility and may prevent their equal access and control over assistance.
- Ensure that female-headed households and lone women, such as widows, have access to assistance in constructing shelters and reconstructing their houses to mitigate against sexual exploitation. This assistance could be direct or it could involve resources to ensure that they can pay for help.
- Define the best and most appropriate and safe distribution of water and food.
- Discuss their preferred menstrual hygiene materials and ensure these are widely distributed. .
- As relief items may not be shared evenly among wives of polygamous households and their children, classify a household as containing one kitchen. Complete registrations and distributions based on this classification.
- Provide unconditional assistance to female-headed households and those unable to do intensive labour.

Ensure that women can participate, are represented and have a voice

- At all stages of the response, ensure the team is composed of women and men. The inclusion of female staff in the team will facilitate consultations with women and adolescent girls and improve an understanding of needs, including on sensitive issues such as GBV.
- Women may not have the skills or confidence to express their needs publically. As much as possible, consult women separately about their priorities for assistance and protection and about their views on how the assistance provided is responding to their needs and priorities. Convene the meetings in places that provide privacy and where women feel comfortable talking. Pay attention to including women with disabilities and female-headed households.
- Arrange response activities with attention to minimising women's workloads. Times should be convenient to them and locations of service accessible easily and safely.
- Ensure that women are involved meaningfully, in the culturally most appropriate way, in committees, including selection and complaints committees.
- Ensure that women have spaces and time to talk to each other, so that their representation can be collective.

Gender mainstreaming recommendations

Livelihood and food security

- Do not assume that the members of the household, as a productive unit, share economic interests and income and, therefore, have the same production incentives. Analyse and take into account existing household dynamics, providing women with the means of having equal access and maximum control over all assistance, ensuring this does not expose them to increased risk. Prioritise women's preferences in relation to water, food and other needs, since they have the responsibility for this in their families.
- Consult women and men of all ages and abilities separately about how the crisis affects their food security and how they are distinctly impacted by crop deficits and livelihood losses. Pay particular attention to the dynamic for women of having little control over resources but most of the responsibility to secure household provisions. Ensure that the impact of women's loss of livelihood on how they manage in their households is given sufficient attention.

- Find out who makes decisions within the home that affect family nutrition (for example, who eats first, most and best, who makes decisions about spending on food) to determine which groups may be at particular risk of malnutrition.
- Consider the specific food and nutrition needs of infants, young children, adolescent girls, pregnant and lactating women, the sick, people with disabilities and the elderly and ensure that these needs are met, including by putting in place specific (outreach) distribution measures.
- Provide women with the means to reduce their workload, freeing time to engage in other economic and social activities (for example, provide better distribution of water, distribution of food and fewer mass shelters).
- Build on CARE good practices, providing capacity-building support close to dwellings.

Protection

- Provide assistance equally among ethnic groups and ensure the programme participant selection criteria promote equality and are understood by both the communities and the humanitarian team.
- With the support of GBV experts from CARE or from the GBV Sub-Cluster/thematic group, train all humanitarian workers and community partners to refer survivors of violence who disclose to them or they identify to appropriate support and service providers, including to women- and child-friendly spaces/centre, if available. All sectors should be alert to the potential for violence and be working to support survivors.
- Consult with the GBV Sub-Cluster/thematic group to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors of violence.

WASH

- Build or rehabilitate latrines, bathing facilities and water points to address pressing health, dignity and protection issues. Ensure that all toilets have lights, doors and internal locks. Ensure too that the safety, privacy and dignity of women and girls are the priority in decisions about location and segregation of latrines, bathing facilities and water points.
- Consult women, girls and people with mobility issues on locations of facilities, ensuring routes are safe.
- Install lights near all water and sanitation facilities, especially if they are communal or away from dwellings. If lighting is not possible, consider alternatives such as providing torches for each household.
- Given women's critical role in water management, provide training for both women and men in construction, operation, and maintenance of WASH facilities.
- Ensure that water distribution is targeted to the specific responsibilities and needs of women and girls, including additional bathing, the bathing of children and the sick and elderly.
- Provide women and adolescent girls with locally-preferred sanitary materials. Ensure that there is 'over-distribution' to account for the needs of post-partum women and young adolescent girls approaching menarche.
- Use the *WASH minimum commitments for the safety and dignity of affected people*⁴⁶ as a practical guide to plan, implement and monitor the quality of WASH interventions.

Shelter

- Discuss with women about their specific shelter needs to ensure privacy and prevent GBV due to poor, inappropriate or cramped shelter conditions (examples may include partitions, locks and lighting).
- Provide tarpaulin and other temporary shelter materials for affected people to build separate shelters and include additional tarpaulin or other materials to create internal partitions in shelters for sub-division and privacy.
- Ensure that female-headed households, the elderly and people with disabilities have equal access to shelter items and ability/resources/support to transport them.
- Train both women and men in construction and rehabilitation of their shelters, with an emphasis on safer building principles. Organise childcare or alternate sessions so women can participate actively in training. Target widows, female-headed households and child-headed households as a priority or provide them with technical assistance in rebuilding their shelters. In addition, if possible, provide resources to allow them to pay for additional help to mitigate the risk of sexual exploitation.
- In consultation with the Ministry for Women's Empowerment and Child Protection, as well as any other relevant coordination forum, consider the construction of 'Safe Spaces for Women and Girls', where information on assistance and protection services and facilities, including on reproductive health and gender-based violence prevention and response, can be disseminated.

⁴⁶ The tool can be accessed at <http://gender.care2share.wikispaces.net/Minimum+Commitments>

Annex: Gender in Brief from 2016 (incomplete)

Gender in Brief

Population Disaggregation: 50% male, 50% female

Population Age Disaggregation: <5 years 10%; 5 to 19 years 28%; women 14 to 59 years 27%; >65 years 5%

Average household size: 43

Female headed households: 14%

Infant Mortality rates: 43 per 1000 live births

Maternal Mortality Rates; 126 per 100,000 live births

Child Marriage; 17% of women aged 20-24 years married or in union before 18 years

Disability Prevalence Rate; 2.45%, however likely to be higher

The Republic of Indonesia is the fourth most populous nation in the world with a multitude of ethnic, religious and cultural groups. While rapid urbanisation and on-going reforms have led to significant advances in gender equality and women's empowerment, Indonesia continues to rank relatively poorly on the Gender Inequality Index (103 out of 152 countries).⁸ Key challenges hindering efforts to advance gender equality and the status of women include: discriminatory attitudes and gender roles that limit women's ability to exercise their economic and labour rights, harmful traditional practices, the exploitation of women migrants, and Gender-Based Violence (GBV), with some provinces reporting the highest rates of domestic violence in the Asia-Pacific region.⁹ Natural disasters, sectarian violence and rapid urbanization also continue to harm livelihoods, cause displacement of people and threaten safety in certain regions; all factors that worsen women's vulnerability to poverty and the pre-existing inequalities they face, particularly in relation to livelihood opportunities, land ownership and inheritance, access to credit, wages and workplace benefits and violence.

Gender Roles and Responsibilities: For most people in Indonesia, traditional gender roles exist; women hold the role of "wife", and are expected to undertake the majority of household, childcare and overall caring work, while men are expected to provide and be the decision-makers as head of the family (set in law by the Marriage Act 1974). This includes decisions about family assets, which women usually need permission from their husbands to use and sell. Further, property attained as a result of, or during a marriage is usually titled in the husband's name and in some regions women are customarily not entitled to own land.¹⁰ In 2011 men owned 91% of the land. While this is the case, the Indonesia Demographic and Health Survey reported that, in some parts of Indonesia women control at least part of the family's income, especially if they earned the income and participate in decision-making on family issues. CARE's development work in Indonesia has shown that single mothers and/or widowers have problems accessing distributions and services. Furthermore, it shown that while 14% of household in Indonesia are headed by females, they are often not fully recognized, both in the legal system as well as in social life. As a result, female heads of households often face discrimination in terms of social, political and economic rights.

Education and Economic Empowerment: There is little difference between education attainment for women and men, girls and boys. However, this this has not been translated into employment and labor force attainment.³ Men are more likely to participate in the formal/ commercial labor force (86.2% men as compared to 53.3% women) and are more likely to operate machinery, tools and technology.¹¹ Changing economic conditions have meant that women are increasingly working outside of the home, particularly the informal sectors such as subsistence farming and aquaculture and care and domestic work.¹² Women also constitute most of the self-employed and migrant workers and own 35% of Indonesia's small and medium-sized enterprises (SMEs), however, they have limited knowledge about access to financial institutions and their businesses are often registered under their husbands' names. Unemployment is also higher for women than men. All these factors place women at a higher risk of being engaged in risky and less secure work without legal and social protections.

Participation and Policy: Indonesia has signed and ratified the CEDAW, the Rights of the Child and the Rights of Persons with Disabilities (CRPD). It has also announced a "zero-tolerance policy" and laws on VAW and the integration of gender mainstreaming and equality in national development processes remains a top priority.¹³ However, positive steps are often undermined at a local level; discriminatory bylaws that contain rules on clothing, morality and religion limit women and girls' ability to exercise their rights, which, for example, prohibit women from leaving their houses after dark without being accompanied by a spouse or male representative.¹⁴ In addition, women's participation in decision-making positions remains low; men are usually responsible for decision-making responsibilities in formal systems as *Adat* chiefs, religious leaders and village heads, while women tend not to be involved or consulted in planning and decision-making processes. This was seen in peace negotiations and peace-building efforts in provinces of Aceh and Papua, which had ongoing secessionist violence. Women, particularly indigenous women, were not involved in this process and as a result, policies and programs largely neglect the needs and rights of women. Nevertheless, the introduction of a 30% quota for women in the National Parliament has helped increase women's political participation. Some women also participate informally in decision-making for the community, such as, wives of local leaders who may have informal decision-making roles and host spaces for women to discuss community issue. Women's groups exist in many parts of Indonesia and have been essential in advocating for women's freedom's and rights including the

Law on Domestic Violence (2004) and in drafting of the Gender Equality Law.

Gender Based Violence and Protection Violence Against Women and trafficking are of serious concern and UNICEF reports that female genital mutilation/ cutting (11%), forced divorce, illegal marriage, and child marriage (17%) are found in areas across Indonesia. Studies suggest that VAW is widespread and remains underreported.¹⁵¹⁶ The National Census Survey (SUSENAS) in 2006 found approximately 3% of Indonesian women (three million women nation-wide) report having experienced violence. Incidences were higher in rural areas and likely to be underreported.¹⁷ Papua has the highest reported rates of domestic violence in which 60% of males admit perpetrating intimate partner violence, many before the age of 15. A study on the perpetration of sexual violence by men reports the main reasons for committing this violence were because they felt entitled to sex, were bored, or were angry and needed to punish someone.¹⁸ Women with HIV/AIDS have also been subject to violence such as sexual abuse and forced sterilization and in 2009 women comprise 25% of people living with HIV/AIDS - the majority are married and infected by their partners.¹⁹ Sex workers and migrant women are at particular risks of gender based violence both in the workplace and at home. Lesbian, gay, bisexual, transsexual people and the disabled are also marginalised by society and subsequently face many forms of violence. Indigenous people, particularly women, continue to face numerous human rights violations in regard to their rights to land and natural resources.

Gender in Emergencies: Humanitarian emergencies impact women, men, boys and girls in different ways and can rapidly change their needs and vulnerabilities. Steps to address the harm emergencies cause need to appropriately understand and respond to these differences. Sex and age disaggregated data and gender and generational analysis of this data *after* the 2004 Indian Ocean Tsunami in Indonesia helped to understand the effects of this natural disaster. It found that two-thirds of those who died were female and in some villages all dead were females. Focus group studies that allowed safe spaces for women to voice their concerns found that among displaced families a significantly higher proportion of female headed-households were living among villages and towns and not in displaced camps, in part due to women being widowed and believing the camps were unsafe for them and their family. Data and analysis of this data that accounted for gendered changes from prior to the emergency showed an increase in early marriages and early high-risk pregnancies—girls attracted or pushed into early marriage—as the men did not have the skills to care for themselves or their remaining children.²⁰ Understanding and gendered differences is essential to strengthening humanitarian responses deliver more targeted evidence-based assistance and providing programming that is more specific and effective; not doing so can and *has* led to interventions being misguided, failing and has even put vulnerable groups at further risk.

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- 3 Demographic and Health Survey Indonesia 2012
- 4 National Socio-Economic Household Survey Indonesia (SUSENAS) 2007
- 5 World Bank database <http://data.worldbank.org/indicator/SH.STA.MMRT>
- 6 UNICEF global databases 2014. Based on DHS, MICS and other national household surveys.
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- 10 http://www.usaidlandtenure.net/sites/default/files/country-profiles/fullreports/USAID_Land_Tenure_Indonesia_Profile_0.pdf
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Secretariat:

Chemin de Balexert 7-9 1219 Chatelaine, Geneva Switzerland

Tel: +41 22 795 10 20

Fax: +41 22 795 10 29

cisecretariat@careinternational.org www.care-international.org

CARE Gender in Emergencies:

emergencygender@careinternational.org

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