



CARE Rapid Gender analysis –
Serang & Pandeglang districts,
Sunda Strait Tsunami, Indonesia

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

Cover page photo: Focus group discussion with women in Umbul Tanjung IDP centre

Image: Rahelda Rumambi – CARE International Indonesia



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Abbreviations

BASARNAS: Police, Indonesian Search and Rescue Agency

BNPB: Province and District Disaster Management Authority

CII: CARE International in Indonesia

EMB: Engaging men and boys

ERT: Emergency response team

EWS: Early warning system

FGD: Focus group discussions

IDP: Internally displaced person

GBV: Gender-based violence

FGM/C: Female genital mutilation/cutting

NFI: Non-food item

PLW: Pregnant and lactating women

PSEA: Prevention of sexual exploitation and abuse

RGA: Rapid gender analysis

SADD: Sex- and age-disaggregated Data

TNI: Indonesian Military

VAW: Violence against women

WASH: Water, sanitation and hygiene

Executive Summary

On 22 December 2018 at 21:27 hours (local time), a tsunami hit the coast of the Sunda Strait affecting five sub-districts in Banten (Pandeglang and Serang) and Lampung provinces (Lampung Selatan, Tanggamus and Pesawaran). As a result, a total of 426 people were reported dead, 7,202 people injured, 40,386 people displaced and 23 people were missing¹. Significant damage was reported on properties including houses, hotels, boats, vehicles, etc. Pandeglang and Lampung Selatan are the most affected with Pandeglang only recording more than 50% of casualties, IDPs, material losses and damages.

Humanitarian crises and disaster are not gender neutral, the chaos and disruption of economic and social systems create differential vulnerabilities, risks and needs among women, men, boys and girls and other vulnerable specific groups. Rapid gender analyses (RGAs) help CARE and humanitarian actors to better consider gender issues and thus design a response that meets the specific needs of affected women, men boys and girls. Consistent with its focus on gender equality, CARE initiated an RGA mission led by CARE International Rapid Response Team Gender Specialist in Angsana, Pasaruan, Imbul Tanjung respectively from the subdistrict of Panimgba (Pandeglang district) and Cinangka (Serang district) Among the key findings one should note the IDP women and men of all ages are living in poor conditions in evacuation centres and lack of adequate shelter and privacy for women and girls, poor access to water, hygiene and sanitation services which combined increased health and protection risks including gender-based violence (GBV). This has added up to the prevailing gender inequalities and imbalance between women and men, with women not involved into decision making at house and community, including the management of the assistance. There is an overwhelming sense of silence around domestic violence and child marriage as communities accept them as part of the social fabric; they rarely talk about its effects and consequences.

The recommendations below are formulated for the entire humanitarian community to improve the quality of the assistance by mainstreaming gender and protection into sectorial responses and implementing gender specific interventions.

Key Findings

- IDP women and men are living in overcrowded buildings, including schools and lack basic NFI with children, elderly and pregnant and lactating women (PLW) at particular health risk
- So far, assistance is not gender sensitive:
 - Food distributions do not consider specific nutrient needs of children, elderly and PLW
 - Not enough water for menstrual hygiene, latrines are not separated by sex, nor do they have internal locks and light
- Women are not involved in decision making regarding the assistance, nor are they participating in decisions within their own family
- The lack of awareness of human rights, including in relation to violence against women (VAW) and gender-based violence (GBV), combined with strong beliefs on traditional norms and new vulnerabilities among IDP women and men due to the disaster will reinforce pre-existing GBV (domestic violence, child marriage, female genital mutilation/cutting (FGM/C), sexual violence, etc.)

Several legal provisions on gender equality and GBV do exist, though there is a conflict with customary law and existing laws are not enforced.

¹ OCHA, Humanitarian Snapshot Sunda Strait Tsunami (as of 14:00hr 28 Dec 2018)

Overarching recommendation

- Update this RGA as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming is adapted to the changing needs.

Gender mainstreaming recommendations

- Improve access to water, sanitation and hygiene (WASH) among IDPs through temporary water tracking or multiplication of water pipe, construction of toilet and latrines with respect to standards of dignity and protection (number, separation by sex with visible signs, internal lock, lighting, etc.).
- Provide dignity kits for women and girls of reproductive age, including disposable napkins, until access to water is improved.
- Food distribution should consider specific nutrient needs for children under 5, pregnant and lactating women (PLW) as well as elderly in line with policy of the Indonesian Ministry of Health².
- Provide IDPs with dignified temporary shelter (with separation room for women and men) and non-food items (NFIs) (mattress, blanket, kitchen kits, hygiene kits) to improve living condition and mitigate health and protection risks.
- Support affected women and men of relevant ages with targeted livelihood support including cash grant for income generation, fishing equipment and agricultural inputs, etc.

Gender specific programming recommendations

- Raise awareness among displaced women and men, community leaders and local civil servants on the importance of women's participation to decision making at household and community levels regarding the response activities.
- Conduct awareness/capacity-building regarding gender issues, women's rights, GBV and the prevention of sexual exploitation and abuse (PSEA) for evacuation centres managers, local government civil servants, community leaders, including religious and IDP women and men.
- Engage meaningfully with men as key advocates to promote gender equality and mediators to end GBV using CARE Engaging Men and Boys (EMB) strategy).
- Conduct an analysis of GBV in Banten province to better understand the issues, key drivers and social cultural norms and formulate specific and contextual recommendations for mitigation, prevention and responses measures.

² Based on the policy of the Ministry of Health of Indonesia in the provision of milk powder for infants and children of affected disaster, the officer must protect, promote and support the mother to keep breastfeeding; all donations in the form of substitutes for ASL, bottles, and pacifiers must be addressed under the supervision and monitoring of the provincial/district/city Health Office; the provision of milk powder must be supervised by health workers with an explanation of how to prepare and provide properly; the provision of milk powder must be accompanied by bottled drinking water (AMDK) because there is no clean water and fuel for cooking; giving milk powder should use a cup or glass because it is easy to clean. Bottles and teats are not molested because they are difficult to clean and easily contaminated; the provision of milk powder in infants and children under 24 months is temporary until mothers can breastfeed again except for unborn babies, babies who have not been breastfed from birth and mothers are seriously ill; milk powder can be used as a raw material for making nutrient-dense foods such as wet cakes or pudding, especially given to toddlers, pregnant women and the elderly; and milk powder assistance has at least one more year of expiration from the date of distribution. The advice is from the Ministry of Social Affairs as Lead of National Cluster of Protection and Displacement to all parties who engaged in the emergency response in Sulawesi, including Sunda Strait.

Introduction

Background information

On 22 December 2018 at 21:27 hours (local time), a tsunami hit the coast of the Sunda Strait affecting five districts in Banten (Pandeglang and Serang) and Lampung provinces (Lampung Selatan, Tanggamus and Pesawaran). As of December 28, a total of 426 people were reported dead, 7,202 people injured, 40,386 people displaced and 23 people were missing³. Significant damage was reported on properties including houses, (1296), hotels and villa (73), boats (434), vehicles (65), etc. Out of five affected districts,

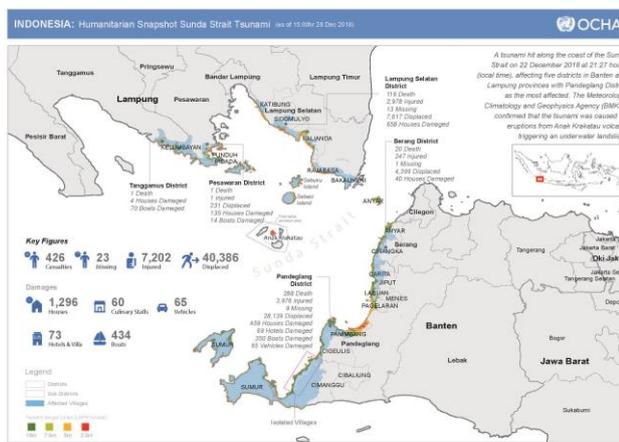


Figure 1: OCHA Humanitarian snapshot, Sunda Strait tsunami, Dec 28, 2018

Pandeglang and Lampung Selatan are the most affected with Pandeglang only recording more than 50% of casualties, IDPs, material losses and damage (Figure # 1).

The Meteorology, Climatology and Geophysics Agency (BMKG) confirmed that the tsunami was caused by eruptions from Anak Krakatau volcano triggering an underwater landslide. There is conflicting information regarding the alert system before the tsunami. While Indonesia is recognised having a warning system for tsunamis caused by earthquakes, there was none in place for volcanic tsunamis and hence there were no early warnings⁴ because the BMKG agency had not detected any preceding tectonic events⁵. IDPs in sites visited by the assessment team reported being alerted by neighbors when the wave arrived but according to IFRC, before the tsunami, the risk of a tidal wave triggered an evacuation in Lampung on Sumatra on the afternoon of 22 December⁶. The Government has made commitments for a new early warning system (EWS) to be developed in 2019 that will have the capacity to detect tsunamis triggered by underwater slides, not just earthquakes. Such a warning system is important to reduce the impact of future tsunami.

Based on the AHA Centre communication with the BNPB, the impact of the tsunami is within the national capacity of the Government of Indonesia, therefore no request for international assistance has been expressed to date. The Government has prioritised efforts on search and evacuation, provision of medical services, management of the IDP and restoration of critical facilities. Accordingly, heavy machineries and thousands of personnel from relevant services and bodies (BNPB, Province and District Disaster Management Authority (BPBD), Indonesian Military (TNI), Police, Indonesian Search and Rescue Agency (BASARNAS), Ministry of Social Welfare, etc.) were deployed to support the operations in the field.

³ OCHA, Humanitarian Snapshot Sunda Strait Tsunami (as of 14:00hr 28 Dec 2018)

⁴ "Indonesia Tak Punya Sistem Peringatan Dini Tsunami Gempa Vulkanik". *VIVA (in Indonesian)*. 23 December 2018. Retrieved 23 December 2018.

⁵ Ramdhani, Jabbar (23 December 2018). "Update Terkini BMKG: Yang Terjadi di Anyer Bukan Tsunami karena Gempa". *detiknews (in Indonesian)*. Retrieved 23 December 2018

⁶ IFRC, report Dec 28, 2018: <https://reliefweb.int/report/indonesia/survivors-still-high-alert-six-days-after-indonesian-tsunami>

“I am very old, I live with my married son, on the night of the tsunami, when I heard people shouting there was water from the sea, I tried to run but I’m too old, I couldn’t run fast like everyone else, my grandchildren, son, and my daughter in law had left first and I was left behind. I was very confused where to go, finally that night I went to my neighbor’s house which was a little far away to spend the night there”

Nani Yuningsih, a 77 years old IDP woman in Angsana village

Indonesia’s meteorology, climatology, and geophysical agency initially warned about another tsunami in the area around the Anak Krakatau volcano. Recent change in its eruption pattern has prompted authorities to increase their alert level for the rumbling volcano, expanding the danger zone to a 5-kilometer radius from the crater from the previous two-kilometer radius. But the government says that change in itself does not pose a tsunami risk⁷.

CARE International in Indonesia (CII) is present in Serang town (inland) and Serang Regency among the most impacted area with an ongoing WASH in schools project implemented jointly by CARE and partner Bina Masyarakat Peduli (BMP). There is no information about potential damage on the schools or infrastructure supported by CARE yet but two of the schools for replication are in affected areas.

CII deployed a team in Serang district from December 25 to 27, for an initial rapid gender and needs assessment combined with distribution of WASH kits for 200 affected families.

At the same time, CII is responding to the Sulawesi Tsunami and Earthquake, and has recently closed the response to the Lombok earthquake. RGAs were conducted in Sulawesi and Lombok to ensure the responses integrated gender dimensions from the very beginning.

The Rapid Gender Analysis objectives

A Rapid Gender Analysis (RGA) helps understand pre-existing power dynamics between women and men as well as existing vulnerabilities women, men, boys and girls were facing; it provides information about the different needs, capacities and coping strategies of these groups in a crisis, power dynamics between different gender/age groups and pre-existing vulnerabilities and practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we ‘do no harm’. The objectives of this RGA, therefore, are to better understand:

- How women, men, girls and boys are affected differently by the earthquakes and tsunami
- The impact of the earthquakes and tsunami on gender dynamics within affected communities
- Opportunities to provide an emergency response that meets the differing needs and vulnerabilities of women, men, boys and girls.

Methodology

RGA uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions. It 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.

⁷ <https://www.thejakartapost.com/news/2018/12/27/anak-krakataus-changing-eruption-pattern-wont-trigger-tsunami-agency.html?src=mostviewed&pg=more-article>

The research has been undertaken from December 25 to 31, by a team composed of three members of the CARE Indonesia emergency response team (ERT) with a remote support from a gender specialist of the CARE rapid response team.

The assessment methodology consisted of a combination of desk review of secondary data, primary data collected from affected women and men, interview with key informants and local authorities in the affected area as well as visual observation.

Desk review include pre-disaster existing gender and social dynamics information, demographics information including statistics from the Banten province; RGA reports CARE conducted for the Sualwesi Tsunami and Earthquake and Lombok earthquake response; and information for the Sunda Strait tsunami collected from the Meteorology, Climatology and Geophysics Agency (BMKG), AHA Centre and humanitarian actors including UNOCHA and the IFRC.

Primary data information was collected through focus group discussions (FGDs) and key informant interviews (KIIs) with 60 women and five local leaders in the villages of Angsana (1), Pasauran (2), Imbul Tanjung (2) respectively from the subdistrict of Panimgba (Pandeglang district) and Cinangka (Serang district).

Visual observations consisted of direct observation, pictures shots, video footage of the damage and the living conditions of affected populations, mainly IDPs, living in temporary shelters.

Sex- and Age-Disaggregated Data (SADD) and Demographic Analysis

Disaggregation by sex and age of the affected population figures is not yet available. Table #2 provides the breakdown by district.

	Total	Pandeglang	Serang	Lumpun Selatan	Pesawaran	Tanggamus
Casualties	429	288	20	116	1	1
Injured	7202	3976	247	2978	1	
Missing	23	9	1	13	0	
Displaced	40386	28139	4399	7617	231	

Figure 2: Breakdown of affected population by district - OCHA, Dec. 28, 2018

Banten province is subdivided into eight regencies and municipalities, 155 sub districts

and 1.551 villages. Among the regencies, Pandeglang and Serang are among the affected by the Tsunami. The total population of the province is estimated at 12,203,148 in 2016, consisting of 51% of male and 49% of female. Banten is a youthful province; youth (15-24 years) represent 17.5% of the total population and 5% of the population is 60 or above. Significant progress in development programs has enhanced life expectancy with an average of 71.1 years (males at 68.53 years and females at 73.69). This ranks Indonesia among the top five countries with the highest number of elderly people in the world, reaching 18.1 million in 2010, figures projected to increase steadily to reach 28.8 million (11.34%) in 2020. The proportion of the elderly challenges the need for security - both material and non-material - for the elderly with currently an important number of abandoned elderly people.

Women of childbearing age represent 58% of total female population. Among them, 7% are pregnant⁸. The average size of family is four because nuclear family (husband, wife, and children) is the most widespread domestic unit, though elders and unmarried siblings may be added to it in various societies and at various times.

The Banten is one of the famed kingdoms of Indonesian history. It is particularly attractive for historians, archaeologists and tourists. The Banten are basically Sunda and speak the Sunda language, a dialect seen as less polite and less sophisticated compared to the dialect spoken by

⁸ Banten province in figures, 2017, PBS – Statistics of Banten Province

Sunda living in West Java. The Banten are predominantly Muslim (92.55%) and in fewer proportions, Buddhist, Christian and Hindus They Banten are faithful Muslims, but still practice black magic and occult power, many people from different regions of Indonesia come to Banten to learn these spells or to ask for help. Polygamy is recognized among Muslims, but not by Christians⁹.

Findings and analysis

The tsunami happened around 9:20 pm, the population, alerted by neighbors and chased by the waves, ran out and found safety in higher places, most of them stayed the first night at their relatives before moving to the sub-district offices from where they were relocated in evacuation areas. Surprised by the sudden flow of waves, IDPs fled their houses without carrying any belongings with them, the lack of alert system and the fact that the tsunami occurred by night time would be an important reason of the important casualties and damages. Although sex and age disaggregated figures are not available yet, one can assume that casualties and injured persons would mostly be composed of women, children, elderly, sick people as well as fishermen trapped in the sea because of the lack of alert before hand and their specific vulnerabilities but also because of the gendered nature of their roles (women mostly at home for domestic work, carrying for children and sick people, fishing is male dominated activity, etc.).

In the visited sites, IDPs are living in public buildings, including mosques but mostly school buildings, which were temporarily available as students were on vacation. Living conditions in these temporary collective shelters are not adequate; all IDPs women and men sleep together in the same room without privacy. In addition, sufficient protection to IDPs from prevailing weather conditions (rain and cold), such as blankets, is not available and this puts particularly vulnerable groups like children, elderly, pregnant women at relatively increased health risk.

The evacuation centers are managed by local government and volunteers including school teachers who organised the distribution of food, water and other NFIs. Women are not involved in the management of the IDP centres, therefore their specific needs are not taken into consideration most of the time. This is reflective of the situation before the tsunami in communities in Serang where women do not usually take part to community level decision-making.

Gender Roles and Responsibilities

Division of labour

In the culture the Sundanese people in Serang, as almost all around Indonesia, women are in charge of domestic tasks such as cooking, washing, taking care of children, elderly and sick

Change in gender roles and responsibilities

Humanitarian crises and disaster often bring change in gender roles due to the disruption of normal living conditions and roles. After the tsunami, there is little evidence of change but this may be because, at the time of the assessment, it was too early to see significant change.

Already some *de facto* changes due to the tsunami have created new dynamics that may imply changes in gender roles. These include family separation where women or men jump in the vacuum left by the missing member of the family; the disruption and loss of normal activities and livelihoods; and the loss of status as it appears from discussion with displaced women in Pasauran village: *“Life has changed here, we are confused not knowing what to do to fill the days, if we are at home, at least we’ll be doing some homework but now nothing to do at all”*

⁹ <https://www.everyculture.com/Ge-It/Indonesia.html#ixzz5amzWFseH>

persons. Although time consuming, the domestic work done by women is undervalued. Men are not involved in domestic tasks except in some specific situation when women are unable to perform these tasks as reported by women in Umbu Tanjung village. As main breadwinners, they invest mostly in productive work or other activities outside the family. Both women and men often practice productive activities such as agriculture, fishing or income generation, but there are gendered differences in the repartition of tasks and activities. As examples, tasks such as plowing are more often done by men and women are commonly seen harvesting. Gardens and orchards may be tended by either sex, though men are more common in orchards. In the absence of men, women may tend to all aspects of farming and gardening. Men predominate in hunting and fishing, which may take them away from home while women are in charge of selling the fish in the market. Girls and boys help their mothers and fathers respectively in domestic work and at plantation.

Earning income

Both men and women invest in business and other income-generating activities at different scales. Women and men are found in stores, small industries, and markets, as well as in upscale businesses, but women are always in fewer numbers than men.

It is important to note that older women are investing in income generation. The assessment team spoke to many elderly women such as Eni, 50 years old IDP in Umbul Tanjung, who is a widow with children. Eni used to rent mats for tourists at the beach on Sundays, she would earn in average Rp. 100,000 in sunny days, though, this income is not enough to cover her family's weekly needs, she has to borrow from other family members.

There is no local culture that restricts women from doing any work, including earning a living, but women, especially those with small children would find it difficult to divide the time between taking care of children and a productive work. Like Rani who works selling fish around the village; for this work, she would spend around 5-6 hours every day, and for household work it would take 6-7 hours daily. The more productive activities women did outside, the more time they spend, but still domestic work is the responsibility of women. Few women in the discussion said that their husbands assisted them with domestic affairs because women were exhausted from doing many things. No matter how much a woman invests in business activities, her related income is usually considered as an additional income only to help their husbands. This limits the ability and/or possibility of women to expand in business activities as evidenced by the fact that among the women we discussed with, only few women have productive work. Gender matters even within civil servants, for example elementary schoolteachers are mostly women, but teachers in secondary schools and colleges and universities are more frequently men.

Women's organisations - PKK is a well-known women organisation in Indonesia named Family Empowerment and Welfare. As a state initiated organisation used in the past as a political tool, PKK is expected to remain politically neutral under the new democratic regime. Although PKK remains under the purview of the Ministry of Domestic Affairs, it has begun to take a more active role in promoting women's political rights PKK would therefore, offer opportunity to work on wider women's rights issues.

Awareness-raising on women rights and gender inequality would help IDPs and men understand the need to share domestic chores between women and men within family which will free up the time for women to invest in productive or income generating activities.

Women’s participation in decision-making within the household and community

“Imagine as girls are married early, they wouldn’t have any capacity to express their opinions, so how can they have the power to control a decision and other assets in the household?”

Woman in FGD in Angsana

Though Indonesia is a Muslim nation, women’s position and rights vary considerably in different ethnic groups, even among Muslims. Indonesian gender ideology emphasizes men as community leaders, decision makers, and mediators in public space, while women are the backbone of the home and family values. Therefore, decision-making is dominated by men both in domestic and village levels. Women in FGDs in Angsana said that no one among them (up to 40 women) was involved in village organizations. According to Enong Suheri, a member of a women's organization PKK in Imbul Tanjung village, there is no activity to ensure women can voice their rights except for the integrated service posts for babies and children under 5 years.

All decisions related to IDPs and the evacuation centres management are taken by men, and women are never invited to talk about their needs. The situation is not significantly different at the political level, as men predominate at all levels of government, central and regional. Women have less influence in decision-making although they are found in a variety of high-level positions including within Banten province House of Representatives where women make up 19% of members¹⁰. This unequal decision power is rooted into social and cultural organisation of Banten people according to which leadership is hold by formal leaders (umaroh), Muslim religious leaders (ulama) and leaders of the traditions and culture (jawara), where women in general do not usually have a seat.

Women participation into decision making regarding the assistance is critical in ensuring an effective response. Humanitarian actors should therefore put emphasis on awareness raising on women participation, building the women self confidence and engaging men and boys. Learn from best practices including CARE women empowerment and EMS strategies etc.

Access to services and resources

Services	Access to these services
Water	<p>Before the tsunami women and men got clean water from the local water company (pipe water) and some of them from wells. Access to drinking water was not an issue as even those without water pipe or well at home can take it from their neighbors. Women and girls are responsible of water collection.</p> <p>In evacuation centres, IDP had access to dinking water through distribution of bottled water but do not have access to enough water for hygiene and sanitation use.</p>
Food	<p>Daily meals are provided and consist of rice, instant fried noodles and snacks. The same meal is provided every day and for all. This food is inadequate for elderly people, children and breastfeeding mothers who have specific nutrition needs.</p> <p>Moreover, since December 26 food distribution has stopped at Umbul Tanjung evacuation centre. Each household has to cook for themselves but do not have sufficient food or cooking materials. There is only one stove for cooking so that almost all IDPs are women, children, the elderly, and pregnant women boil instant noodles to eat for breakfast, lunch and dinner, which is not healthy.</p> <p>The main food staple, rice, is produced locally in some communities like the Baduy</p>

¹⁰ Banten province in figures, BPS-Statistics of Banten province, 2017

	the rice production is generally insufficient to cover their needs because part of the production is systematically used for ceremonies and shared with vulnerable neighbors (elderly people, Jaro, and Puun) ¹¹ .
Shelter/NFI	The evaluation centres do not provide healthy living conditions for IDPs, who lack privacy as they all sleep in the same room. In addition, there is a lack of mattresses and blankets. IDPs received only some plastic sheeting and used clothes that are not enough to protect vulnerable children and elderly from the cold.
Health Services incl. Reproductive health	<p>As noted above, the evaluation centres do not provide healthy living conditions for IDPs. A combination of prevailing weather (rain and cold), lack of adequate shelter (lack of blankets and sleeping mats/mattresses), poor hygiene and sanitation, and lack of adequate food, etc., put IDPs at risk of disease. Specific health risks include respiratory infection for vulnerable IDPs (children, elderly and pregnant women); and the risk of vaginal and urinary tract infection for women of reproductive age, etc.</p> <p>Since their arrival in evacuation centre, only IDPs in Umbul Tanjung have received regular visit from a medical doctor for health care, which IDPs explain is because one native of the village is a member of the women’s legislature.</p> <p>Before the tsunami, according to Banten province 2016 statistics, 7.39% of women of reproductive age are pregnant, 88% of them practice antenatal care and 88.64% give birth with the help of skilled birth attendant.</p>
Hygiene and Sanitation	<p>Before the tsunami, most IDPs had private toilets and latrines in their houses, and those who do not have private toilet use either public toilets or went to the river to wash and defecate. There is a lack of awareness among community as they do not consider bathing, washing and defecating in the river as unhealthy.</p> <p>Evacuation centres are mostly school buildings with limited numbers of latrines. The capacity is quickly overstretched and many of these facilities become non functional due to intense use, combined with lack of water and failure of the sewage system. Furthermore, the toilets are not separated by sex and do not have internal locks or lighting. IDPs, especially women, find it difficult and challenging to use the latrines especially at night. Women can spend days without bathing. It is particularly hard for women to ensure safety and dignity especially during their menstrual period because of limited clean water available. CARE distributed hygiene kits including water containers, detergent, sanitary napkins for women and children, which was very appreciated by the IDPs who received them.</p>

The humanitarian actors responding to this crisis should improve immediate access to key lifesaving assistance and service including adequate food, shelter water, hygiene and sanitation (See recommendations section below for details):

Livelihoods

Normal livelihood activities in Banten province include the production rice and other crops such as coffee, cloves, beans, bananas and durian. Farm work can be done in cooperative groups or as individual casual workers. One type of cooperative is the “royongan” where workers are not paid directly, instead, their wages are pooled and saved by the community elder to be used for the repair of the mosque. Another form of cooperative work is called “liliuran”, which is helping one another work the rice field without any expectation of payment.

¹¹ *Socio-Cultural Aspects of Food of Baduy Tribe*, Ali Khomsan1* dan Winati Wigna2

According to discussion with IDP women and men, agriculture, fishery, daily work and business are their main livelihood activities before the tsunami. Men usually work as daily labourers during the rice planting season planting rice (September to January) and the other months they work as vegetable farmer, construction workers and other small business. A daily worker would earn an average of Rp. 60,000 per day.

Fishing is also one of main livelihood in the affected area as reported in Umbul and Pasauran villages. In general, men worked as fishermen; some had their own boats and fishing tools while others worked as daily labourers on large boats owned by others.

Women are involved in daily agricultural work and they earn equal payment as men but women mostly engage in selling vegetables in the village and invest in small businesses like weekly work on the beach by renting mats, selling fish around the village, selling food at school, selling fried bananas, or tending small shops at home or in the market. Women's income-generating activities are often limited due to time constraints as they have to fulfil the daily domestic unpaid tasks as well.

With the tsunami, the farmers were flooded and crop and the boats and fishing tools were destroyed or damaged, the resources and other assets destroyed. Both men and women have lost their livelihood resources and are now relying on humanitarian assistance in evacuation centres. The only activity of IDP mostly men, is to go back home and check everything at villages and return to the evacuation centre in the afternoon, this is not an easy thing for women head of family who have at the same time to care for children and travel long distance, for example distance from the evacuation site of Angsana to the village is around 10-20 kilometers. Neither women nor men have the capacity to resume any productive activities. Targeted livelihood support would help them restore their productive capacity and normal livelihood activities.

Water hygiene and Sanitation

Before the tsunami, the main sources of drinking water in affected communities included pipe water from water companies and well. Safe drinking water was not a real issue as even those without pipe, borehole or well as they could access drinking water from their neighbors. This situation is aligned with global figures of Banten Province according to which the main sources of drinking water are respectively packaged water (45%), borehole (27%), wells (14.5%), others (6.89%) and pipe water (3.45)¹². There is an important proportion of the population using other sources of water which presumably are not potable. In the visited evacuation centres IDPs receive bottled water for drinking but the don't access to enough water for domestic use (cleaning, washing, etc.)

Most IDPs reported that, before the tsunami, they used private toilets and latrines in their houses. Those who did not have a private toilet used either public toilets or went to the river to wash and defecate. This is in line with Banten province global figures reporting that 78.63% of the population use private toilet facilities while 13.66% do not use any toilet facility, which means open field defecation.

Hygiene and sanitation condition are very poor at evacuation centres, which are not built to become shelters; therefore, have limited number of toilets and latrines, insufficient as to compare to normal standards in number and safety and security (No light, no internal lock and no sex separation). For example, at Pasauran centres, there are only two bathrooms and one toilet for up to 400 individuals. The situation is similar in other sites visited. The capacity is quickly overstretched and many of these facilities become non-functional due to intense use, combined with lack of sufficient water. IDP, especially women, find it difficult and challenging to use them. Women can spend days without

¹² Banten province in figures, BPS-Statistics of Banten province, 2017

bathing. It is particularly hard for women to ensure safety and dignity especially during menstruation because of limited clean water available. Since their arrival, IDPs have not received any hygiene kit or dignity kit distribution except from CARE, who kits include water containers, detergent, sanitary napkins for women and children.

Adequate handwashing practice¹³ and washing with soap was found to be infrequent among community in Serang district¹⁴. In addition, there is an important proportion of the population practising open field defecation and do not consider bathing, washing and defecating in the river as unhealthy. The above conditions are associated with overcrowding and converge to create unhealthy conditions with associated diseases or the threat of associated diseases, including cholera and other diarrheal diseases.

Cleanliness around evacuation centre is also a concern. During the visit, the team saw a dirty shelter and a lot of garbage such as food wrap, plastic mineral water, cartons, and even leftovers scattered around the site in Pasauran and Umbul Tanjung villages.

There is urgency to improve access to clean water and adequate sanitation facilities while promoting good hygiene practices among IDPS, this can be done through temporary water tracking and/or multiplication of water pipe, construction of toilet and latrines with respect to standards of dignity and protection (number, separation by sex with visible signs, internal lock, lighting, etc.), distribution of dignity kits for women and girls of reproductive age

Gender-Based Violence

Gender-based violence (GBV) is pervasive and deeply rooted in culture and practices in any society, in particular patriarchal society too often perpetuates gender inequality and condones GBV. In Indonesia, despite significant progress in gender equality, including increased access for women and girls to education, employment and health services, GBV remains a serious public health and human rights concern as reflected by the following national statistics: 33.4% of women aged 15-64 years experienced sexual and/or physical violence by partner and/or non-partner in their life time¹⁵; 49% of girls aged 0 to 11 years have undergone some form of FGM/C¹⁶. Nationally, about 40% of women and 20% of men believe there are justifications for men beating their wives, which suggested there may be areas in which the prevalence of violence against women is higher but not reported. The Government of Indonesia recognizes the need for a systematic solution to ending GBV and has put in place national policies, strategies and legal documents. However, implementation challenges remain.

In humanitarian emergencies, GBV increase due to the disruption of services and social protection mechanisms and the underlying patriarchal gender inequalities.

IDP women and men in evacuation centres, like many Indonesians, have few ideas on gender equality and women's rights and have strong belief in patriarchy and traditional practices. Therefore, they are not aware of some forms of GBV and/or consider them as normal or personal issues one should not be involved in. According to discussion with women, there were no incidents of violence or sexual harassment in the evacuation centers, though they recognize that their current living conditions (overcrowding, lack of privacy, inadequate access to services, etc), are conducive to such violence. They further report that there are often cases of violence against women, especially in the domestic sphere in the community, but no one would like to report or take action because they

¹³ Key moments of handwashing occur after eating, cooking and household chores or after cleaning a child's bottom

¹⁴ The context and practice of handwashing among new mothers in Serang, Indonesia: a formative research study, Katie Greenland, Endang Iradati, Abigael Ati, Yanti Yulianti Maskoen, and Robert Aunger 2013.

¹⁵ 2016 National women life experience survey, (SPHPN, 2016)

¹⁶ UNICEF global databases, 2016

think that one should not interfere into husband and wife personal life. Most women are not aware of the psychological and economical dimension neither that domestic violence against children is a child protection issue that need to be addressed, thus such cases will remain unreported. For instance, in 2016, rape constitute 0.20% of all type of crime recorded in Banten province but only 33% of rape cases were settled under criminal court¹⁷.

Overall, women did not open up to discuss freely and deeply on GBV, this is due to their socio cultural mindset and the lack of awareness on issues of violence against women and women's rights. This low awareness on human rights, including women's rights and imbalanced power relations between men and women is widespread throughout Indonesia and constitute underlying factors of violence against women, FGM/C and child marriage. Humanitarian actors have also expressed concern about the GBV issues and encouraged the women's empowerment and child protection services in Banten province to pay attention to these issues, including human trafficking.

Child marriages

Child marriage is widely practiced in Indonesia; 22.8 % of girls aged 20-24 years – or one in every seven, according to UNICEF¹⁸ - are married before the age of 18¹⁹. Indonesia is among the ten countries with the highest absolute numbers of child brides: 1,408,000 women aged 20 to 24 years were married before the age of 18²⁰. However, recent studies suggest that child marriage rates may have been underestimated, with rates as high as 35% in some regions²¹.

Displaced women report also that child marriage is current practice in their communities, which they consider their cultural practice and, therefore, not a problem. Many women participating to the discussion reported being married between 12 and 18 years.

The practice of child marriage in Indonesia is largely driven by socioeconomic factors surrounding girls, including poverty, economic dependency, financial incentives and dowry practices, as well as a lack of access to education and health services. Rigid gender norms and social and cultural practices are among key drivers of child marriage in Indonesia as found by Plan International²². Child marriage is associated with the normalization of male violence against women and girls as marriage is frequently viewed as a remedy for the stigma associated with female sexual experience outside of marriage, including in the context of sexual abuse as confirmed by IDP women: *"if a girl is pregnant before marriage legally she will immediately and systematically be married to the man who impregnates her without considering how old she is"*.

In addition to the above drivers, some of the legal provisions (formal and religious) influence the practice of child marriage, as is the case of the 1974 Marriage Law according to which girls can marry from the age of 16, while boys can only marry at age 19 with parental permission. In June 2015, however, the Constitutional Court upheld this law, decision that spurred a national dialogue around child marriage in the country.

Prevention and mitigation of GBV risks among IDPS pass via building more understanding and awareness on GBV and its consequences, mainstreaming GBV into sectorial responses and setting up comprehensive and active GBV cases identification, response, referral based on standards tools and best practices (IASC guidelines for GBV into response sectors, strengthening coordination with other actors, etc.

¹⁷ Banten province in figures, BPS-Statistics of Banten province, 2017

¹⁸ UNICEF, State of the World's Children, 2016.

¹⁹ 2015 SUSENA (National socio economic survey)

²⁰ UNICEF, State of the World's Children, 2016

²¹ UNICEF, Child marriage in Indonesia: Progress on pause, 2016.

²² <https://www.girlsnotbrides.org/child-marriage/indonesia/>

Conclusions

CARE Indonesia is currently responding at scale to the Sulawesi Earthquake informed by two RGAs conducted in Sulawesi and Lombok. Findings of this RGA serve CARE and the humanitarian actors better consider gender issues and thus design a response that will meet the specific needs of affected women, men boys and girls in Banten provinces. Among key findings one should note the IDP women and men of all ages are living in poor conditions in evacuation centres and lack of adequate shelter and privacy for women and girls, poor access to WASH services which combined increased health and protection risks including GBV. This has added up to the prevailing gender inequalities and imbalance between women and men, with women literally not involved into decision making at house and community including the management of the assistance. There is an overwhelming sense of silence around domestic violence and child marriage as communities accept them as part of the social fabric; they rarely talk about its effects and consequences.

The below recommendations are formulated for the entire humanitarian community to improve the quality of the assistance by mainstreaming gender and protection into sectorial responses and implementing gender specific interventions.

Recommendations

Overarching recommendation

This RGA report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows better understanding of these dynamics and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

Gender mainstreaming recommendations

- Improve water and sanitation access among IDPs through temporary water tracking or multiplication of water pipe, construction of toilet and latrines with respect to standards of dignity and protection (number, separation by sex with visible signs, internal lock, lighting, etc.).
- Conduct the distribution of dignity kits for women and girls of reproductive age including disposable napkins until access to water is improved.
- Conduct hygiene promotion among IDP women and men of relevant ages including handwashing practices.
- Food distribution should consider the specific nutritional needs of children under 5, pregnant and lactating women and the elderly in line with policy of the Indonesian Ministry of Health.
- Provide IDPs with dignified temporary shelter (with separation room for women and men) and adequate and culturally appropriate non-food items (mattress, blanket, kitchen kits and hygiene kits) to improve living condition and mitigate health and protection risks.

Gender specific programming recommendations

- Raise awareness among women and men IDPs, community leaders and local civil servants on the importance of women's participation to decision-making at household level and regarding the response activities
- Conduct awareness/capacity building regarding women's rights, violence against women, GBV and PSEA for evacuation centres managers, local governments civil servants, community leaders including religious and IDP women and men.
- Conduct awareness campaign on gender issues, women rights for IDPs women and men, IDPs and evacuation centres managers, including government civil servants and village leaders.
- Engage men meaningfully as key advocates to promote gender equality and mediators to end VAW using CARE's EMB strategy
- Conduct an analysis of GBV in Banten province to better understand the issues, key drivers and social cultural norms and formulate specific and contextual recommendations for mitigation, prevention and responses measures.

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