



**CARE Rapid Gender Analysis
Sulawesi Earthquake and Tsunami Indonesia
Version 2**

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CARE INDONESIA

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Executive Summary

Natural disasters, such as the earthquake and tsunami that hit Sulawesi in late September 2018, are discriminatory events affecting women, men, girls and boys differently. Drawing on pre-crisis information, this Rapid Gender Analysis (RGA) of the Sulawesi earthquake and tsunami finds that women and girls are likely to be placed at particular risk due to their increased workload and caring responsibilities. Liquefaction and destruction of food gardens deprive women of family food but also of their main source of livelihood. Girls and women are also likely to face secondary gendered risks that result from the disaster and the humanitarian response, including increased domestic violence, sexual harassment, abuse and exploitation. Adolescent girls are particularly exposed to sexual exploitation and to early marriage in an attempt to secure additional resources or to reduce the number in the household who need resources. Inequalities at home may also expose women to particular risks of food insecurity, eating least and last when food becomes scarce. The specific responsibilities of women and adolescent girls 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 and the collapse of their income-generating opportunities through displacement mean an acute tension in trying to fulfil their domestic responsibilities. The lack of safety and privacy in both sanitation and shelter is a critical issue for attention. Female-headed households and widows require particular attention: with less bargaining power, scarce financial resources to purchase essential goods and deprived of the required skills to rebuild their shelters, they are often at increased risk of exploitation.

Key Overarching Recommendations:

Design the humanitarian response to ensure the following:

- At all stages of the response, ensure the team is composed of women and men. The inclusion of female staff facilitates consultations with women and adolescent girls and, therefore, supports their expression of their needs, priorities and concerns and their access to assistance.
- Ensure that both women and men are consulted about their priority needs, concerns, preferred distribution mechanisms and access to vulnerable groups.
- Assess men and women's differential access to aid. Identify factors regarding safety to mitigate against risks of gender-based violence (GBV).
- Pay particular attention to the situation of female-headed households, pregnant and lactating women, older people, 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 as a result of both the crisis and the humanitarian response, arising from the partial or complete destruction of WASH facilities and food gardens, children no longer being in school and a rise in family morbidity
- Damage to food gardens means that women are no longer able to sell the 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 shelters and are at high risk of sexual exploitation 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 of feeding their family increase the risk of domestic violence.
- Increased difficulties in accessing drinking water and the lack of sanitation facilities 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 school fees cannot be paid for all.
- Displacement isolates women and girls from their sources of support and protection, making them more vulnerable to abuse.
- In line with observations and statistics from other natural disasters, it is likely that more women than men will have died since, in trying to protect their children and older and sick people in their care, their own chances of survival are reduced. If this is the case, this will have implications for households and whole communities, since women carry the responsibility for domestic care.

Background information to the Sulawesi earthquake and tsunami

On 28 September 2018, an earthquake with a 7.4 magnitude caused damage and casualties in Sulawesi, Indonesia, and precipitated a tsunami wave that reached as high as six metres in some places. Over the following month, over 590 aftershocks hit the Sulawesi area ranging from magnitude 2.9 to 6.3.¹ The areas most affected include the cities of Palu and Donggala, as well as Central Sulawesi Province with additional damage in nearby smaller towns, including Sigi and Boutong².

The earthquakes and tsunami have caused enormous damage and significant loss of life in the affected areas. As of 25 October, there have reports of 2,081 fatalities, more than 4,400 serious injuries, and more than 1,309 are still missing³. Over 68,000 houses have been severely damaged or destroyed. According to the first round of the Displacement Tracking Matrix (DTM), which is reported in OCHA's Asia and the Pacific: Weekly Regional Humanitarian Snapshot (23 - 29 Oct 2018), more than 211,000 displaced people are staying in 980 sites across the three districts of Palu, Donggala and Sigi.⁴ **These numbers are not yet disaggregated by sex, age or disability.** Former and current CARE staff on the ground have noted the number of pregnant women in need of medical services; those with sufficient funds have been evacuated to Makassar in the South, while those with less money have been unable to leave⁵.

During the days immediately following the earthquake, Palu and Donggala were largely cut off, with no electricity or telecommunications and severe damage to the airport runway and control tower. The seaport, which the region relies on for fuel supplies, lost its crane for loading and unloading cargo. Debris and landslides blocked sections of the main roads leading north from Makassar, east from Poso and south from Garontalo. In addition, whole villages were submerged under the liquefaction of the land⁶ and above-average seasonal rainfall in October contributed to a sustained risk of land- and mud-slides and ground movement⁷.

As of 4 October, power had been restored in some parts of Palu, although fuel is in short supply and vehicles, generators and water pumps are unable to run. Queues for water are long (up to two hours reported by some residents), markets remain largely closed and health facilities are reportedly running low on medicines and supplies⁸. There is a continuing risk of strong aftershocks, landslides in hilly and mountainous areas, and liquefaction in urban areas⁹. The telecommunications network is improving and Telkomsel reports having recovered most of the network in the area of Palu City, Donggala and the surrounding areas.

The Government of Indonesia (GoI) has received offers of assistance from 29 countries and 102 international NGOs outside of Indonesia. The national disaster management agency, Badan Nasional Penanggulangan Bencana (BNPB), and the regional disaster management agency (BPBD) are coordinating the response under the overall leadership of the Coordinating Minister for Political and Security Affairs. The GoI has requested the ASEAN Coordinating Centre for Humanitarian Assistance on disaster management serve as the conduit for offers of international assistance for the Central Sulawesi Earthquake Response. Initial materials and response have begun; multiple agencies have started to distribute tarpaulins and tents, food rations, WASH equipment, generators, hygiene kits and medical resources. Military transport aircraft and naval vessels are being deployed to facilitate the delivery of resources, though in-country transport and access remains problematic through the blockage of roads, risks of landslides, shortage of fuel and limited warehousing and ground-handling resources¹⁰.

The Central Sulawesi Earthquake Response Plan has been developed by the Humanitarian Country Team (HCT), in line with the IASC Commitments on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse, the Core Humanitarian Standard on Quality and Accountability and the Grand Bargain, providing quality control for support to the government¹¹. The Response Plan recognises the gendered impacts of disasters and the specific vulnerabilities of particular groups, specifically women and girls, in the context of pre-existing gender inequalities.

¹ AHA Centre Situation Update No. 15, 26 October 2018

² OCHA update 7 October 2018,

³ AHA Centre Situation Update No. 15, 26 October 2018

⁴ OCHA Asia and the Pacific: Weekly Regional Humanitarian Snapshot (23 - 29 Oct 2018)

⁵ CARE internal document, 5 October 2018

⁶ Central Sulawesi Earthquake Response Plan, OCHA, 5 October 2018

⁷ AHA Centre Situation Update No. 8, 7 October 2018

⁸ Central Sulawesi Earthquake Response Plan, OCHA, 5 October 2018

⁹ AHA Centre Situation Update No. 8, 7 October 2018

¹⁰ Ibid.

¹¹ Central Sulawesi Earthquake Response Plan, OCHA, 5 October 2018

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”¹². As such, this Rapid Gender Analysis is intended 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 an increase in GBV, including sexual exploitation; and to build mitigation measures that address gendered issues and risks into the design of the humanitarian response. In addition, there will need to be on-going coordination between lead agencies and clusters/sectors to ensure that the gendered impacts of the disaster are factored into specific sector responses; IFRC and PMI are the overall leads of the Shelter sub-cluster, for example, and UNICEF and Oxfam are leading on WASH¹³. These sub-clusters must coordinate with KPPA and UNFPA, who are co-leading the GBV sub-cluster, to ensure that the Shelter and WASH interventions mitigate the risks and exposure to GBV.

As CARE Indonesia has been engaged in gender equality and women’s empowerment initiatives for a number of years, the findings and recommendations also draw on the organisation’s experience and good practices in taking into account women and adolescent girls’ distinct vulnerabilities, capacities and coping strategies. 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.

Objectives of the Rapid Gender Analysis

The 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 and in the aftermath of a crisis and during displacement. As the response is affected by the aftershocks and the continued immediate response, search and rescue and evacuation, the first version of this RGA, shared on 9 October, was intended to provide an initial foundational analysis of gender dynamics, drawing on pre-crisis information and the immediate rapid survey conducted by CARE Indonesia Country Office staff. This second version includes additional primary data to strengthen the report, and reflect the realities as the response continues and evolves. Additional information, observation and data will be added as it comes to expand on the detail, and provide more nuanced recommendations.

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

A 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. RGAs 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.

The secondary data review, including interviews with two key CARE staff – one former and one current (Gender Adviser) - was undertaken between 3 and 9 October 2018 and included secondary quantitative and qualitative information from before the crisis. This included reports, research, factsheets and guidance related specifically to gender dynamics in Sulawesi 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 and the Response Plan, were also

¹² Huong Thu Nguyen (2018) ‘Gendered Vulnerabilities in Times of Natural Disasters’, Violence Against Women Journal 1-20 Sage

¹³ Central Sulawesi Earthquake Response Plan, OCHA, 5 October 2018

analysed. Reports and communications from CARE Indonesia and its partners in Sulawesi provided additional information. Telephone interviews with two gender experts in Indonesia also supported the development of background information and the specific gender issues in Sulawesi.

Primary data from key informant interviews (KIIs) and focus group discussions (FGDs) between 15 and 19 October 2018 have also been incorporated. A total of 46 women, and 23 men were involved in the interviews that took place in Palu City (21 women, 13 men), Donggala District (16 women, 5 men), Siigi District (9 women, 5 men). CARE staff worked with their partners, Solidaritas Perempuan, to support wide sampling both geographically and demographically.

Demographic profile: Sex- and age-disaggregated data¹⁴

Affected areas	Resident population	Male (All age groups)	%	Female (All age groups)	%
Palu	385,619	193,847	50.2%	191,772	49.8%
Donggala	301,591	154,073	51.1%	147,518	48.9%
Banggai	371,322	188,887	50.9%	182,435	49.1%
Banggai Kepulauan	117,633	59,321	50.4%	58,312	49.6%
Morowali	119,292	60,895	51%	58,397	49.0%
Poso	251,185	129,914	51.7%	121,271	48.3%
Parigi Moutong	482,794	247,293	51.2%	235,501	48.8%
Tojo Una-una	152,476	77,879	51.1%	74,597	48.9%
TOTAL	2,181,912	1,112,109	51%	1,069,803	49%

Therefore, across all eight areas, there are consistently more males than females of all age groups (overall 51% to 49%). This consistent difference is not, however, explained in the BPS paper. It might be speculated that the difference reflects the disproportionate number of women to men that were killed in the 2004 tsunami. According to a survey carried out by Oxfam¹⁵, four times as many women than men were killed in the 2004 tsunami-affected areas of Indonesia, Sri Lanka and India.

The areas most affected include the cities of Palu and Donggala, the Central Sulawesi Province, with additional damage in nearby smaller towns, including Sigi and Boutong¹⁶.

- It is estimated that 2.4 million people were exposed to earthquake intensity in nine cities/regencies in Central Sulawesi, including 616,684 in Palu city, Donggala and Sigi regencies¹⁷.
- Of the 2.4 million people exposed to earthquake intensity, around 537,000 people were exposed to strong shaking, as well as directly affected by the tsunami and liquefaction that followed. Around 191,000 people are estimated to be in urgent need of humanitarian assistance. BNPB initially estimated that 212,141 people are displaced¹⁸ and staying in over 122 sites¹⁹. By late October, the Displacement Tracking Matrix (DTM), which is reported in OCHA's Asia and the Pacific: Weekly Regional Humanitarian Snapshot (23 - 29 Oct 2018), provided that more than 211,000 displaced people are staying in 980 sites across the three districts of Palu, Donggala and Sigi.
- An initial Joint Needs Assessment (JNA) indicated that 72.2% of sites visited have access to clean water²⁰, with many IDPs were still staying in temporary sites with no electricity and limited access to water and sanitary facilities²¹. In some sites (e.g. Tondo, Kayumalue, Lasoani), displaced populations had built their own tents without assistance and did not have sufficient access to water for bathing, cooking and drinking²².
- Currently, **Palu City is the most affected area** with very high numbers of people in need of assistance. Palu City is followed by Donggala in terms of the scale of need. Immediate needs include shelter, nutrition,

¹⁴ BPS 2018 Population Projection

¹⁵ Oxfam International, March 2005, 'The tsunami's impact on women', Oxfam Briefing Note

¹⁶ OCHA update 7 October 2018,

¹⁷ AHA Centre Situation Update No. 8, 7 October 2018

¹⁸ Displacement Tracking Matrix (DTM), IOM, Oct 25

¹⁹ BNPB figures: <https://sites.google.com/view/gempadonggala/beranda>

²⁰ Joint Needs Assessment Sulawesi Tengah Earthquake and Tsunami, 28 Sep 2018

²¹ Key Informant Interviews Central Sulawesi 17-19 October 2018

²² AHA Centre Situation Update No. 8, 7 October 2018

water and sanitation, health services and protection²³.

- As of 7 October 2018, the Ministry of Education and Culture reported **2,736 schools damaged and, as of 11 October, 137,953 students affected in Palu, Sigi and Donggala**. Ensuring the provision of educational and recreational activities for children and young people is a priority²⁴.
- BNPB indicates that around **68,451 houses may have been damaged**, with the vast majority of them (approximately 99%) located in Central Sulawesi Province²⁵.
- In the first week of October, it was reported that **68% of health facilities were not functional**²⁶, with implications for the treatment of injuries resulting from the earthquake and tsunami and for the routine needs of pregnant women, the elderly, infants, people with disabilities, etc. It also has implications for women and girls seeking support for incidents of GBV. UNFPA also estimates that 352,000 women of reproductive age have been impacted by the earthquake and tsunami, including 45,300 women who are pregnant. More than 14,000 of these women will give birth in the next three months, with about 2,100 expected to experience childbirth complications that require emergency care²⁷.
- **Food insecurity for all affected populations is high**, particularly in cities and towns; markets have been closed, roads and transport are not functional and, therefore, supply of basic commodities is limited, leading to shortages and high prices. Quality is also low. Gardens and farms have been destroyed, which has implications for the on-going supply of food and for the livelihoods of rural farming populations²⁸. Mudslides and liquefaction will prevent the return to land, as well as deep fear in case of future shocks and mudslides.
- **The majority of those displaced are currently staying in IDP camps or unofficial, informal camps with makeshift shelters and limited sanitation**²⁹. The government-organised response is prioritising the distribution of tents and tarpaulins but given the scale of need and the remote nature of some of the affected areas, this is going to take time³⁰. As a result, the mass shelters, and temporary, makeshift shelters that may be used present particular issues for women and adolescent girls since they will have limited privacy and may be increasingly exposed to sexual harassment and abuse in confined living conditions³¹. **KIIs confirm that current tents and shelters are not safe for women and girls; that there are no safe spaces for women and children; and that there has not been a focus on safety issues for women and girls**³².
- Social roles and expectations mean that women have not been involved in decision-making, since they are not as involved in public life. Some respondents noted that this has resulted in little attention given to the needs of women, particularly pregnant and nursing women, or those caring for the elderly³³. In addition, respondents noted that toilets and latrines have been built without solid walls or doors (these are covered with plastic or tarpaulin), which leaves women and girls exposed to harassment and assault³⁴.
- There is no sex or age breakdown of the people who have died or been injured as a result of the disasters³⁵. It is likely that, in line with observations made in other natural disasters, including the 2004 tsunami, **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 are reduced³⁶. If this is the case, given the already disparity between the numbers of male and females of all ages (51% to 49%), **this will have implications for households and whole communities, since women carry the responsibility for domestic care**.
- **Whilst some preliminary data around the prevalence of the affected population with disabilities has been collected by the JNA, this has not been disaggregated by sex and age**. Primary data collection undertaken by CARE confirmed that **there has been little specific attention given to the needs of those with disabilities or the women who care for them, and that their needs around shelter, water and nutrition are particularly acute**³⁷. It is essential to recognise that, when such data emerges, there are differentiated needs between and protection risks for men and boys and women and girls with disabilities.

²³ Ibid.

²⁴ Ibid.; AHA Centre Situation Update No. 11, 12 October 2018

²⁵ AHA Centre Situation Update No. 15, 25 October 2018

²⁶ AHA Centre Situation Update No. 8, 7 October 2018

²⁷ AHA Centre Situation Update No. 15, 25 October 2018

²⁸ AHA Centre Situation Update No. 8, 7 October 2018

²⁹ Ibid.

³⁰ Ibid.

³¹ IFRC, 2015, Unseen, Unheard, Gender-based Violence in Disasters

³² Focus Group Discussions, Donggala District 17-19 October 2018

³³ Focus Group Discussions, Sigi 17-19 October 2018

³⁴ Focus Group Discussions, Central Sulawesi 17-19 October 2018

³⁵ Telephone interview with Nirma Hasyim, Gender Adviser, CARE Indonesia, Sulawesi, 5 October 2018

³⁶ OCHA, Feinstein International Center, Tufts University and CARE, *Sex and Age Matter*, p. 27, 2011

³⁷ Focus Group Discussions, Sigi 17-19th October 2018

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.**

- The Sulawesi population is predominantly Muslim, with a significant Christian (Protestant) minority, with social organisation and gendered roles grounded in these traditions. Sulawesi also has a small minority Hindu population³⁸. While the religious traditions have been the root of conflict previously and with post-conflict implications around Islamic radicalism, there is a great deal of consistency in gender roles across the populations³⁹. **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 are also practiced across traditions. For example in practices around menstruation, across all traditions there is an emphasis on women's privacy and dignity and taboos around menstruating women and girls. There are also consistent expectations around bathing and the need for adequate and dignified disposal of sanitary materials. KIIs confirmed that long distances to water points or daily deliveries of water have particular consequences for women and adolescent girls with inadequate supplies for bathing and inadequate access to water for the maintenance of menstrual hygiene⁴⁰. This has specific implications for post-partum women.

Gendered roles and responsibilities



Sulawesi 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; economic, social, cultural and political. Indonesia ranks 113 out of the 188 countries classified in the 2016 Gender Equality Index and while Indonesia has a very large and diverse population, it is reasonable to assume that Sulawesi is not a notable outlier in terms of gender equality. There are significant amounts of GBV occurring, including within marriage, which are not necessarily named as such, and

domestic violence is the most prominent form of recorded GBV (75% of reported incidents). 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 rights. 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 virginity. There are, in addition, particular risks to widowed women, who may be understood as threatening to the stability of other households. This extends to the pressure on women and girls around their mobility, including where they sleep, wash and use the toilets. KIIs and FGDs confirmed that women have not been involved in discussions and decisions about shelter, since these are considered the 'public' business of men;

"Women are not involved in these. Women are just waiting for orders from men about what can be done and what cannot be done". KII (female group), Donggala 17-19 October 2018

Women's absence from decision-making has had implications for decisions about safety for women and girls and means that, while women are holding the responsibility for the care of children, the elderly and those with

³⁸ BDP Census 2010

³⁹ Interview with Ingvild Solvang, former CARE Indonesia staff, 5 October 2018

⁴⁰ Key Informant Interviews Palu city 17-19 October 2018

disabilities, they have highly constrained opportunities to bring attention and action to their specific needs in decision-making processes or to advocate for their priorities.

Traditional gender roles in Sulawesi 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. In rural areas, 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. Some women may also have work outside the home and this tends to be based in more informal and insecure employment (e.g. household assistants). Women do not necessarily inherit resources and if they do, these will be less than the men in their family⁴¹. In cities and towns, men are more likely to have formal employment and when women are working outside the home, they still have responsibility for domestic and household work and the care of others⁴². In addition, women are more likely to be working in the grey economy and to have less income and less security in their jobs⁴³. 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. Child marriage (of girls) is well documented in Indonesia, with Sulawesi being particularly notable as a place where early marriage of girls under 15 years is a deeply embedded cultural tradition⁴⁴. This interrupts girls' education, which has an impact on their future employment and earning capacities; means they are more likely to experience difficulties in their early pregnancies; and are more exposed to domestic violence, since they are often married to men significantly older than them, on whom they are dependent for resources⁴⁵.

In rural areas, 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. In addition, men work in fishing, and have control over the sale of livestock and vegetables from women's gardens; while women may have grown the vegetables, and have a role in drying the fish to sell, men decide on the prices they will be sold for, and manage the money⁴⁶. 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 household resources⁴⁷.

Men will participate in community and public meetings and, as such, are often the gatekeepers of the information that their family receives⁴⁸. Since their levels of education are higher, they may also have access to more written communications and information than their wives. Community structures and social norms mean that women's lives are primarily 'domestic', and men are involved in the domain of the 'public'; this has substantial implications for women's access to information and influence over decision-making in the emergency response and in how reconstruction unfolds⁴⁹. **Key Informant Interviews noted that safety and security post-tsunami are reasons for more constrained movement of women and girls in public spaces⁵⁰, as the men in their families and communities do not want them to go too far, isolating them further from access to information and services, and participation in decision-making.** Respondents also noted that in decision-making it is "only men who are involved, while women only prepare food and drink for the men"⁵¹. In both Muslim and Christian populations, men are also responsible for religious spheres and the reputations of their family. In urban areas, men are more likely to have access to formal employment, with the social status and resources that these bring. Early marriage of girls contributes to both the interruption of girls' education and becomes a barrier to girls participating in education since there is little value for families in investing in the education of girls who are going to be married young.

It is also important to note that within marriage, women may experience violence that is not easily recognised or discussed. For example, 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 for failing as a wife. KIIs confirmed that **there are issues of violence within marriage, and sexual harassment and assault within the camps⁵²**, and the Women's Empowerment and Child Protection Department at provincial level in Palu also noted receiving reports of

⁴¹ Eddyono *et al* (2016) 'When and Why the State Responds to Women's Demands' *Understanding Gender Equality Policy Change in Indonesia* UNRISD

⁴² Key Informant Interviews Sigi, Donggala, Palu 17-19 October 2018

⁴³ Colfer, C, Achdiawan, R, Roshetko, J, Mulyoutami, E, Yuliani, E, Mulyana, A, Moeliono, M, Hasantoha, A & E (2015) 'The Balance of Power in Household Decision-Making: Gender in Sulawesi' *World Development* Vol 76 147-164

⁴⁴ Girls Not Brides; <https://www.girlsnotbrides.org/child-marriage/indonesia/>

⁴⁵ Plan International Asia (2015) 'Getting the Evidence; Asia Child Marriage Initiative'

⁴⁶ Key Informant Interviews Palu and Sigi 17-19 October 2018

⁴⁷ Obie, M (2018) 'Violence Against Women in Sulawesi, Indonesia' *The Social Sciences* 13(1) 154-159

⁴⁸ Colfer, C *et al* (2015) *The Balance of Power in Household Decision-Making: Gender in Sulawesi* *World Development* Vol 76 147-164

⁴⁹ Key Informant Interviews Sigi, Donggala, Palu 17-19 October 2018

⁵⁰ Key Informant Interviews, Sigi 17-19 October 2018

⁵¹ Key Informant Interviews Donggala, 17-19 October 2018

⁵² Key Informant Interviews Palu City 17-19 October 2018

violence against women and girls⁵³. 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 and economic dependence on men for women's status and respectability within the community makes them particularly vulnerable to abuse⁵⁴. Widows, pregnant and post-partum women and adolescent girls are especially vulnerable since their access to and control over resources is so constrained, their involvement in decision-making so limited, and their needs overlooked; they are particularly exposed to sexual exploitation as they need resources, and are dependent on men for access to these⁵⁵.

Changes in gendered roles and responsibilities following the earthquakes

- The earthquakes have had significant impact on how households function; men are not easily able to return to work and neither men nor women able to go to their farms and gardens. Much of their land has been destroyed through liquefaction. This has an impact on both sources of food and potential incomes; without a harvest, the effects are likely to be long-lasting. **For men and boys, as in other disasters, this may compound 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 contributes to a deep sense of purposelessness, hopelessness and loss of identity.** Fears generated by the earthquakes, the tsunami, the aftershocks and the potential death and injuries of family members means there will be on-going anxieties about returning. Fishing activities are severely constrained by fear of further tsunamis. This sense of purposelessness, as well as food insecurity, may be the triggers for increased levels of domestic violence⁵⁶.
- The partial or complete destruction of farms and harvests, as well as displacement into informal camps, means it is likely that workloads and economic hardship will 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.
- **Kills and FGDs have indicated that the burden of work on women has increased even with men's help in collecting water⁵⁷.** 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 also increase. Without access to adequate water, women spend more time meeting these needs. Women's paid work is also seriously affected, meaning that they have less discretionary income, impacting their power to negotiate in their households. The level of work will 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 require particular attention since their workload will also increase, particularly when they are displaced and do not have access to the mechanisms and support systems they relied on previously. It is highly likely that the analysis of the impact on those with disabilities and those who care for them from Lombok contains relevant insights for Sulawesi⁵⁸.
- With decreased access to clean water for drinking, cooking and washing and precarious sanitation facilities, there is an increased likelihood of sickness, which will also add to women's workload, since they have primary responsibility for taking care of sick family members⁵⁹.
- **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, with an increased workload, women's ability to participate actively in public meetings and decision-making forums is further curtailed. As noted, women's roles in public meetings are currently limited to the provision of food and drink for them who are making the decisions⁶⁰. In addition, the social networks of women that function during normal times are disrupted during displacement, meaning women are more isolated than usual and

⁵³ Ibid

⁵⁴ 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

⁵⁵ Key Informant Interviews Palu, Sigi 17-19th October 2018

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'

⁵⁷ Key Informant Interviews Palu, Sigi, Donggala 17-19 October 2018

ASB, August 2018, '7.0 Lombok Earthquake Disability Inclusion Rapid Assessment Report'. Issues of disability are under-recognised in the current data available. The ASB Disability Inclusion Rapid Assessment (August 2018) noted 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. 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.

⁵⁹ CARE Key informant interviews, 22-24 August 2018

⁶⁰ Ibid

have less informal access to information. This means they are even more reliant on their husbands as gatekeepers of information about services, humanitarian assistance, etc., reducing their potential access and participation still further⁶¹.

WASH

In a context where most people have toilets in or close to their house prior to the crisis, women and adolescent girls have had privacy and have been able to manage their menstrual hygiene with dignity. Women are largely responsible for collecting water for cooking, drinking, washing and laundry, and remain so in displacement. Women's roles include 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 met. 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 as the crisis continues. 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

Water has been particularly noted by respondents in primary data collection as a defining issue; men have become involved in the collection of water since many water points are distant from where families are staying⁶². The JNA found that in 41.42% of the sites, water collection is done by both women and men, in 34.3% by men only, 12.62% by females, 8.74% by boys and 2.59% by girls⁶³. While the increase in males helping with water collection helps to reduce the domestic burden on women, it may simultaneously increase their isolation. There is still inadequate water available for cooking, bathing and laundry. While men are currently helping women with water collection, there is still not an adequate supply, which has implications not only for women being able to meet the needs of their households, but for their opportunities to generate their own resources, their participation in public life and their exposure to violence and exploitation⁶⁴. For elderly women, women with disabilities, and women without men in their households, this is also an additional hardship, and may expose them further to sexual exploitation as they need other men to support them.

Situation reports note that there are not enough water points and insufficient water for everyone to bathe, and this is confirmed through the primary data⁶⁵. 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 location of water points is going to be of particular importance for those with mobility issues (those with disabilities, pregnant women and women who are caring for infants and young children who cannot be left unattended).

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 also risks of dehydration, particularly for the elderly, sick, the very young and pregnant women.

Toilets and showers have been identified in every disaster response as particular issues for women and girls⁶⁶. Therefore, toilet designs and locations need to take into account not only the need for privacy and dignity but also the potential for violence, harassment and abuse. Badly positioned toilets, inadequate lighting, doors that do not lock from the inside all contribute to a context conducive to abuse. Primary data reports inadequate toilets, a lack of privacy, a lack of lighting, and toilets being too far from shelters, particularly at night; "the distance is far from the tents, the situation at night is totally different because of limited lighting, so for urine and all they did around their tents"⁶⁷. The reports of open defecation as a result of damaged latrines or the distance to latrines, are particularly concerning for the potential health implications. Other reports confirm the widespread lack of lighting around toilets, meaning that they are inaccessible and dangerous for women and girls after dark⁶⁸.

The specific needs of menstruating women and adolescent girls must be made a priority, including sanitary supplies, water to bathe, locations to dispose of sanitary materials, and privacy. The JNA has found a significant increase in the number of women who cannot access sanitary napkins after the crisis⁶⁹. This has particular implications for post-partum women, since they are unlikely to have sufficient supplies. Women reported having

⁶¹ Oxfam GB (2011) 'Indonesia Case Study: Jengjala's Women Living Close to Disaster', and CARE KIIs 17-19 October 2018

⁶² Key Informant Interviews Palu, Sigi, Donggala 17-19 October 2018

⁶³ Joint Needs Assessment Sulawesi Tengah Earthquake and Tsunami, 28 Sep 2018

⁶⁴ Key Informant Interviews 17-19 October 2018

⁶⁵ Key Informant Interviews Palu, Sigi, Donggala 17-19 October 2018

⁶⁶ 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'

⁶⁷ Key Informant Interviews Palu 17-19 October 2018

⁶⁸ Key Informant Interviews Sigi 17-19 October 2018

⁶⁹ Joint Needs Assessment Sulawesi Tengah Earthquake and Tsunami, 28 Sep 2018

received some supplies through the distribution of hygiene kits, but these have been inadequate in number, and also not appropriate for the women; “few women could use the sanitary napkins, they felt like itching in the reproductive organs, they used the small towels before the earthquake”⁷⁰. Disposable sanitary napkins also contribute to difficulties around disposal, and to the lack of privacy and dignity reported by women in interviews. Washable and re-usable towels are not only more familiar and comfortable, but reduce the issues of disposal and allow women and adolescent girls to manage their menstrual hygiene with more privacy if they are provided a safe space to wash and dry their sanitary towels.

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. As well as an increased exposure to domestic violence if they cannot fulfil their domestic responsibilities, they may also be exposed to sexual exploitation as they try to source more water for their families without adequate means to pay.

Shelter

With an estimated 212,141⁷¹ people displaced, the number of families in need of emergency shelter is extremely high. Rapid displacement and evacuation has meant that the vast majority are currently in informal camps and settlements and living in mass shelters. While immediate delivery of tents and tarpaulins is underway and systems for more distribution are being established, 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, the tsunami and the aftershocks. It is also going to take time to map and understand the liquefaction and to understand to which locations people are going to be able to return. As such, shelter planning needs to assume that people will be displaced for some time to come and plan provision 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 particularly when they are menstruating.
- 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 on which women and children may rely. Respondents reported that these issues have also contributed to more constrained movement for women and girls as men believe the risks to female family members are greater if they move further⁷². While this may provide some protection from assault and harassment by strangers, it also contributes to the isolation of women and girls, cutting off their access to informal information networks and sources of support.
- Women and children with disabilities and women who are their caretakers are further exposed to issues of privacy since reduced mobility means it is much harder for people with disabilities to find private spaces. Those who use mobility and sensory aids and who have lost them in the displacement are especially disadvantaged⁷³. Their lack of mobility and overcrowding in temporary shelters make 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 traditionally 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 made⁷⁴. 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 it⁷⁵.

⁷⁰ Key Informant Interviews Palu 17-19 October 2018

⁷¹ Displacement Tracking Matrix (DTM), IOM, Oct 25

⁷² Key Informant Interviews Sigi, Donggala 17-19 October 2018

⁷³ ASB, August 2018, ‘7.0 Lombok Earthquake Disability Inclusion Rapid Assessment Report’

⁷⁴ Key Informant Interviews Palu, Sigi, Donggala 17-19 October

⁷⁵ Telephone interview with Ingvild Solvang, former CARE Indonesia staff, 5 October 2018

Protection

This section has been included in recognition that the provision of WASH and shelter 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 potentially exposed to increased levels of violence, within their families and from the men around them⁷⁶.

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 men may be providing 'protection', 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.

Lastly, 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.

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 are 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 that 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 and recovery efforts that are high quality, efficient and safe. Deliberate and targeted efforts need to be made to ensure that women's and adolescent girls' voices, concerns and fears are heard and inform the humanitarian response and recovery and that WASH and shelter responses are designed to improve their safety, increase their participation and mitigate the risk to them of GBV.

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 understanding of and capacity to implement gender-sensitive programmes.
- Ensure that women are recruited as staff and volunteers.

- CARE should share the findings of this RGA and continue to proactively discuss and raise gender issues through coordination bodies, including the WASH and Shelter Clusters/Sector and the Protection Cluster referenced in the Sulawesi Response Plan⁷⁷.
- Targeted attention should be given to the establishment of safe spaces for women and girls – ‘Women-Friendly Spaces’ - to encourage relationship building and to 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 distinct priority needs, priorities, safety and protection concerns and coping strategies. As the situation is still evolving, and people are still moving, it is important to give time to understanding these with more depth, and in the context of multiple changes since the disaster.
- Collect sex- and age-disaggregated data on the composition of each household, including polygamous households. 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.
- 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. This is still changing, and continuing assessment will help to document and capture how things are changing, as some are moved to IDP camps, and others try to go home. Regular assessments to enable programmatic adaptation is essential.
- 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 or who are sick are given additional support.
- Identify factors affecting safety so as not to increase risks of GBV (for example, segregated toilets, lights, doors and internal 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.
- Together with women and adolescent girls from the community, design ‘safe spaces’ to enable private and confidential opportunities to build support networks and articulate concerns and to access information.
- Together with women and men from the 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 to 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 distributed widely.
- As relief items may not be shared evenly among wives of polygamous households and their children, classify a household as containing one kitchen. If necessary, advocate for registration and distribution 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 consultation 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 to 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 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.
- 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 good practices of CARE's ADAPT training, providing capacity building support close to dwellings.

Protection

- Provide assistance equally among ethnic and religious 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 confidentially refer survivors of violence who disclose to them or they identify to appropriate support and service providers. 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*⁷⁸ 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.
- 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.

⁷⁸ The tool can be accessed at <http://gender.care2share.wikispaces.net/Minimum+Commitments>



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