GENDER ALERT #1

CRITICAL PROTECTION NEEDS OF WOMEN AND GIRLS IN THE RESPONSE TO THE FLORES EARTHQUAKE

KEY RECOMMENDATIONS

a. **Strengthen Gender-Responsive Targeted Humanitarian Aid:** Ensure that prioritization measures are in place for vulnerable individuals and households (women, pregnant and lactating women, adolescent girls, older persons, persons with disabilities, and female-headed households—both in evacuation sites and during aid distribution). The distribution of non-food items as part of efforts to meet basic needs often runs the risk of overlooking the specific needs of vulnerable groups.

b. **Ensuring Sex, Age, and Disability, Disaggregated Data (SADDD) is collected consistently:** (1) Leveraging cost-effective digital tools—such as KoboCollect and Google Forms—to facilitate timely and efficient SADDD data collection and analysis; (2) Streamlining survey questions and variables to improve data reliability while minimizing the burden on field teams; (3) ensuring adequate numbers of trained female and male enumerators to provide consistent coverage across evacuation sites and; (4) maintaining data quality during emergency operations, ensuring quality SADDD and gender responsive data.

c. **Activation and Optimization of PP KBG PP Subclusters**: Activating coordination of women and children protection/GBV in priority areas, including the involvement of Dinas PPPA, UPTD PPA, Social Office, Health Office, BPBD, women's organizations, organizations of people with disabilities, and community volunteers.

d. **Scaling up survivor-centred GBV prevention and response services is therefore urgently needed:** This includes ensuring access to clinical management, reproductive health services, case management, mental health and psychosocial support, and material assistance such as dignity kits.

e. **Ensure WASH, Shelter, and Evacuation Centres Are Gender- and Disability- Inclusive:** Design temporary shelters and communal spaces to reflect women's and caregivers' needs, including safe bathing/ laundry areas and breastfeeding corners, provide accessible WASH facilities (ramps, handrails, adapted latrines) and ensure water availability for menstrual hygiene and infant care, involve women's groups and persons with disabilities in site planning, shelter management, and feedback mechanisms.

FLORES EARTHQUAKE: SITUATIONAL ANALYSIS

On Saturday, 15 August 2026, at 5:58 a.m. local time, a 7.7-magnitude earthquake struck Flores Island in East Nusa Tenggara (NTT), Indonesia. With its epicentre located at northeast of Nagekeo, the earthquake affected eight districts across Flores: Sikka, Nagekeo, Manggarai, West Manggarai, East Manggarai, Ngada, Ende, and East Flores. As per 30 August, the National Agency for Disaster Management (BNPB) reported 111 casualties, 1,629 people injured, and 188,161 people displaced. The three districts with the highest number of displaced persons are East Manggarai, Nagekeo, and Manggarai. The Ministry of Health estimates that the total number of vulnerable groups affected by the Flores earthquake is 65,721, consisting of 25,885 women, 553 pregnant women, 528 mothers with toddlers, 503 infants aged 0–3 months, 12,463 toddlers, 16,298 adolescents, and 9,491 elderly people. The number of vulnerable groups accounts for 59.32% of the total number of evacuees.

Less than a week after the onset of the emergency, the national government, led by the Coordinating Ministry for Human Development and Culture (Kemenko PMK), is coordinating the response through the establishment of National Command Centres in Labuan Bajo and Maumere. Current response priorities include ensuring the provision of basic needs and protection for displaced persons, restoring health facilities, facilitating the distribution of relief supplies and logistics, and establishing Task Forces at the district level. The Governor of East Nusa Tenggara has declared a provincial emergency status for the period of 15-28 August 2026. In addition, seven districts—West Manggarai, East Manggarai, Manggarai, Ngada, Sikka, Nagekeo, and Ende—have declared emergency status. These declarations provide the necessary legal and institutional framework to mobilize emergency funding, resources, and response capacities to address the immediate needs of affected communities.

In parallel, under the coordination of the Indonesia Humanitarian Coordination Platform (IHCP), 23 organizations are currently operating across the affected districts, covering a range of emergency response sectors, including food assistance, shelter, water, sanitation and hygiene (WASH), education in emergencies, and sexual and reproductive health. This coordinated response aims to strengthen the complementarity of interventions and ensure that critical humanitarian needs are addressed in a timely and comprehensive manner.

IMPACT ON WOMEN AND GIRLS

Past disasters have demonstrated that disruptions to essential services, overcrowded evacuation shelters, damaged infrastructure, and limited access to health care and protection services can significantly exacerbate the risks of gender-based violence (GBV), exploitation, neglect on women's needs, and other protection concerns. The East Nusa Tenggara provincial government, through the Office of Women's Empowerment, Child Protection, Population Control, and Family Planning (DP3AP2KB), has identified critical gaps in access to maternal health services and education, particularly for women and children affected by displacement. The Ministry of Health has also reported damage to nine hospitals and 68 community health centers, which has significantly impacted access to essential health services. To address these gaps, emergency hospitals have been established to restore access to basic health services, with a special focus on the needs of vulnerable and high-risk groups.

1. Prioritize Assistance for the Specific Needs of Women, Children, and Other Vulnerable Groups

Initial humanitarian assistance has focused primarily on food and basic non-food items, which may not adequately address the specific and urgent needs of vulnerable groups, including pregnant women, lactating mothers, infants, children, and persons requiring specialized medical assistance. During the current emergency response, the Ministry of Women's Empowerment and Child Protection has identified several priority interventions, including:

1. Establish safe spaces for women and children, including dedicated breastfeeding rooms;
2. Provide separate evacuation tents for women and men, as well as separate tents for adults and children—though families may be housed together;
3. Provide support facilities for temporary housing that are accessible to people with disabilities and the elderly, particularly women;
4. Provide appropriate nutrition packages for women and children;
5. Distribute family kits containing essential items for women and children, such as diapers and sanitary pads;
6. Deploy specialized vehicles to facilitate trauma healing and psychosocial support; and
7. Ensure the availability of informational and educational materials on the risks of gender-based violence (GBV) in evacuation centers, which can be displayed in strategic locations and widely disseminated in an easily understandable manner, including through the use of local languages.

While life-saving food and basic assistance remain essential, the timely provision of these targeted services and supplies is equally critical to prevent further deterioration of the health and well-being of vulnerable groups.

2. Establishing Safe Spaces for Gender-Based Violence (GBV) Prevention

To prevent the escalating risk of gender-based violence (GBV), particularly in displacement centres where limited space, inadequate infrastructure, and insufficient privacy may increase exposure to protection risks. This includes strengthening community awareness of available protection mechanisms, referral pathways, and available support services. Safe spaces for women and girls are central to these efforts, providing protective and confidential environments where they can access information, psychosocial support, GBV-related services, and empowerment activities. There is therefore an urgent need to scale up survivor-centred GBV prevention and response services, including access to clinical management of GBV, sexual and reproductive health services, case management, mental health and psychosocial support, and essential material assistance such as dignity kits. In response, the Ministry of Women's Empowerment and Child Protection, through the District Technical Implementation Units (UPTD) in the seven affected districts, has conducted monitoring of the conditions and availability of safe spaces within temporary shelters. The findings from this monitoring should inform immediate measures to strengthen the safety, accessibility, privacy, and service capacity.

3. Lack of Availability of the Sex, Age, Disability, Disaggregated Data (SADDD)

Rapid assessment of the affected population was hampered by limited collection of disaggregated data by sex, age, and disability (SADDD), which limited the ability of respondents to identify and prioritize the needs of vulnerable groups. Currently, humanitarian organizations who involved on the emergency response has conducted the Rapid Needs Assessment. Four organizations/consortia have confirmed that they will conduct a Rapid Gender Assessment (RGA) as part of their needs assessment: Women-Led in Humanitarian Leadership (WLHL), YAPPIKA, CARE, and Indonesian Professional Social Workers. Sex-, Age- and Disability-disaggregated Data (SADDD) provide a foundational evidence base for understanding the differentiated needs and risks experienced by affected populations during humanitarian emergencies. In crisis contexts, SADDD is essential for identifying vulnerable groups, informing targeted and gender-responsive interventions, and ensuring that humanitarian assistance is inclusive and equitable. Robust SADDD enables stronger advocacy on priority issues—including GBV prevention, protection services, and the meaningful engagement of women-led organizations in emergency response. As such, SADDD is an indispensable tool for reducing gender gaps and improving the effectiveness and accountability of humanitarian action.

CONTACT INFORMATION

If you see, hear, or experience violence in an area affected by the disaster, report immediately.

Hotline for (reporting and services for violence against) women and child (SAPA)

- Call: 129
- WhatsApp: 08111-129-129

District Technical Implementation Units (UPTD) for Women Empowerment, Child Protection, Family Planning	Contact
East Nusa Tenggara Province	085177692180
District of Manggarai	081246163897
District of Ngada	081239771704
District of East Manggarai	081236429849
District of West Manggarai	081237643414
District of Sikka	081380275034
District of Nagekeo	082145014458
District of Ende	081239502966 085167410877

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