



NOVEMBER 2018

GENDER AND INCLUSION ALERT: CENTRAL SULAWESI EARTHQUAKE AND TSUNAMI

Photo ©OCHA/Anthony Burke

CONTEXT

Demographic group	Percentage of displaced population ¹
Girls (0-5)	5.4%
Girls (6-17)	13.4%
Women (18-59)	27.9%
Elderly women (>59)	2.8%
Boys (0-5)	5.8%
Boys (6-17)	14.5%
Men (18-59)	27.4%
Elderly men (>59)	2.8%

On 28 September 2018, major earthquakes, the largest with a magnitude of 7.4, struck Central Sulawesi, triggering a near-field tsunami, major liquefaction, and landslides. As of 22 October 2018, this catastrophic disaster has caused 2,077 fatalities and 4,438 injuries, and displaced over 205,870 persons from their homes.² By the end of October, 720 aftershocks had been reported in the area.³ The most affected areas include Donggala, Palu, Sigi, and Parigi Moutong⁴, with formal and informal displacement sites concentrated in the Donggala and Sigi.⁵

Disasters impact women, girls, men, boys, and persons of diverse gender identities differently and exacerbate pre-existing vulnerabilities, risks and inequalities. It is important to recognize the intersections of gender with other identities that shape how disasters are experienced, including but not limited to disability, age, religion, ethnicity, HIV status, migratory status, marital status, sexual identity, gender identity or expression, and sex characteristics.

In Central Sulawesi, prevailing gender inequalities include: women’s limited control over resources within the household, marginalization from educational and economic opportunities, limited access to productive resources including land rights, limited participation in public life and community decision-making, and gender-based violence, including child marriage. Women bear the burden of domestic labour and unpaid care work, including collection of water, provision of food and cooking, childcare, and provision of care for the sick and elderly.⁶ Where women work outside of the home, they are clustered in informal and insecure employment, including in domestic work.

Men are traditionally understood to be the heads of the household, and have more access to community meetings and public information, thus often becoming the gatekeepers to the information their wives and children receive. Men also bear responsibility for securing income, and have greater access to inheritances and land rights.

¹ Displacement Tracking Matrix Round 1. 23 October 2018. Note that the DTM captures only visibly displaced households living in formal and informal sites in the affected area; it does not capture IDPs living with host families or those who have left the affected areas entirely.

² ASEAN Coordinating Centre for Humanitarian Assistance (2018). Situation Update No. 124M7.4 Earthquake and Tsunami. https://ahacentre.org/wp-content/uploads/2018/10/AHA-Situation_Update-no12-Sulawesi-EQ-rev.pdf

Key Figures ¹¹:



1 in 3
Indonesian women
experience physical or
sexual violence in their
lifetime



1 in 5 girls
from Central Sulawesi are
married before the age
of 18



352,000
women of reproductive
age affected by the
disasters



50% of 212,141
displaced persons are
women and girls



3,764
female headed
households identified
among the 60,400
households displaced



An estimated 45,300
pregnant women
were affected by the
earthquake and tsunami



1900 persons
in Central Sulawesi
living with HIV



1,771 persons with
disabilities among the
displaced population

According to the 2016 Indonesian National Women's Life Experience Survey, one in three women aged 15-64 years old have ever experienced physical and/or sexual violence in her lifetime, with 9.4% of women having experienced violence in the last 12 months.⁸ Cases of physical and/or sexual violence were found to be highest among women with high school educations or higher, those who are unemployed, and those who live in urban areas. Child marriage is also prevalent; in Central Sulawesi, 19% of women married before the age of 18, with higher levels of child marriage among girls from the poorest households.⁹ In Indonesia, Central Sulawesi is among the top 3 of provinces with the highest average prevalence of child marriage from 2008 to 2012 (ever-married women aged 20-24 married before age 18).¹⁰

GENDER FINDINGS

This Gender and Inclusion Alert was compiled through an analysis and review of available assessment data, including the Joint Needs Assessment and Displacement Tracking Matrix, and organization or sector specific assessments, including CARE Indonesia's Rapid Gender Analysis (31 October 2018) and Plan International Indonesia's Menstrual Hygiene Management Assessment. In the following pages, sectoral tip sheets detail gender-specific concerns and recommendations for action. All sectors should consider the following intersectional concerns:

- 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.¹²
- 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.¹³

⁸ Indonesian National Women's Life Experience Survey 2016: Violence Against Women and Girls.

⁹ UNICEF, SDGs for Children in Indonesia Provincial Snapshot: Central Sulawesi.

¹⁰ Badan Pusat Statistik and UNICEF Indonesia. 2015. Progress on Pause: An Analysis of Child Marriage Data in Indonesia. Jakarta, Indonesia: Badan Pusat Statistik/ Central Statistics Agency.

¹¹ Data sources: Top Row R-L: National Women's Life Experience Survey, SDGs for Children in Indonesia, Situation Report 19 Oct, DTM Round 1; Bottom Row R-L: DTM Round 1, UNFPA (16 Oct 18), WHO Situation Update #9, DTM Round 1.

¹² CARE Rapid Gender Analysis, 31 October 2018

¹³ Ibid.

- 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.¹⁴
- Economic hardship may heighten the vulnerability of women and girls to sexual exploitation and abuse, as they are more desperate to secure resources.¹⁵
- The set up in some camps is already stratified by socio-economic class.¹⁶ The first group comprises the rich families and they are positioned beside the main road and are able to access assistance. The second group comprises the middle class, which is group according to family-based affiliation, and can also access assistance. The last group comprises the lower socio-economic class, who are poor and scattered. There was little or no assistance available to this group.
- There is a need to pay attention to **polygamous households**, especially as to whether each wife is being registered as a household for assistance.
- There is a gap in data regarding the intersection of gender and disability, both with regards to the impacts of the disasters on women with disabilities and on women who are primary caregivers to persons with disabilities.
- Existing data from the Displacement Tracking Matrix does not necessarily capture the experiences of **sexual and gender minorities**, as past experiences with disasters in Indonesia have demonstrated that transgender persons may be turned away from formal settlements, and many sexual and gender minorities rely on social networks for shelter rather than risk discrimination or violence in shared sites.¹⁷

WOMEN'S LEADERSHIP AND PARTICIPATION

FACTS AND FIGURES:

- Preliminary assessments point to limited engagement of women as respondents and key informants. For example, the Joint Needs Assessment (JNA) by Humanitarian Forum Indonesia interviewed 113 men and 63 women as key informants, and at the early stage assessments have relied on camp managers, village heads, and community leaders, with limited room for women's voices.
- Oxfam also observed that a large number of camps are being administered and managed by the powerful men from the villages. They look after their connections. One male village head owned three big tents and lives in another tent in another village. In addition, camp meetings, which are conducted every three days, are organized and led by men with no participation by women.
- Local women's rights organisations (WRO) like KKSP Foundation and LBH APIK are engaging in the response. For example, KKSP's Director is seconded to Oxfam as Gender lead in Palu. By working jointly with Oxfam, local WROs are leading the gender transformation of the response ensuring gender mainstreaming are embedded in the responses in WASH, Livelihoods, Protection and promoting gender equality through internal practices.
- No systematic data collection on the gender breakdown of first responders – including Palang Merah Indonesia volunteers – and humanitarian workers, including the participation and leadership of women in humanitarian coordination structures.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Oxfam Field Observations as of 23 October

¹⁷ Gaillard, J.C. et al. "Beyond Men and Women: A Critical Perspective on Gender and Disaster." *Disasters*, vol. 41, no. 3, 2017, pp. 429-447.

WHY DOES THIS MATTER?

- Women have a fundamental right to access, influence, and participate in the decisions that affect their lives. Yet barriers, including patriarchal gender attitudes, burdens of unpaid care work, poverty and limited access to resources, constrains their participation and leadership in all spheres of public life, including in humanitarian response.¹⁸
- Research has demonstrated that women's knowledge of their communities positions them well as transformational agents, and that their leadership can enhance humanitarian response.¹⁹ Mounting evidence demonstrates that women's leadership contributes to more efficient humanitarian response, better disaster preparedness, and inclusive and sustainable recovery.²⁰
- Women's perceived power to influence the delivery of humanitarian services, furthermore, has been found to correlate with improved access to education, health, WASH, and food security services in humanitarian settings.

RECOMMENDATIONS:

- Ensure participation of women as emergency responders, with adequate measures for their safety and security, and to promote women's leadership in managing economic, social and political spheres in relation to the on-going response i.e. WASH, Waste Management, Cash, and Protection Committees.
- Identify and provide on-going capacity development for women leaders to enhance their agency and use cash programmes to promote women's leadership as part of building back better strategies.
- Facilitate the reinforcement of pre-existing community/ children, youth and women's groups to increase support to the immediate communities.
- Ensure women's rights organizations representatives as well as representatives of other marginalized groups who are active in the response are invited and given space in the cluster coordination meetings at all levels, especially the national level.
- Sensitize men and boys to raise their awareness on gender equality, women and girls' rights and the crucial role of women and girls in the response and recovery processes.
- Support women's movement by connecting different women's groups to enhance solidarity.
- Capture and consolidate women's experience as leaders to celebrate and learn from this experience.
- Ensure gender-balanced teams and promote hiring local female volunteers and staff on all programs, not only reproductive health, GBV and protection.

¹⁸ ActionAid (2016). On the Frontlines: Catalyzing Women's Leadership in Humanitarian Action.

¹⁹ Ibid.

²⁰ Ibid.

²¹ UN Women (2015). The Effect of Gender Equality Programming on Humanitarian Outcomes.

GENDER, WATER, SANITATION AND HYGIENE (WASH), AND MENSTRUAL HYGIENE MANAGEMENT (MHM)

FACTS AND FIGURES:

- As of 21 October 2018, 87% of 980 sites did not have gender-segregated toilets, and 50% of camps reported toilets located outside of their camp sites, more than a 20-minute walk away. Only 56% of sites reported adequate lighting in toilet facilities.²³
- In 52% of displacement sites, bathrooms or toilets were identified as unsafe spaces for women, and in 9% of sites water collection points were identified as unsafe for women.²⁴
- Assessments reveal that only 37% of displacement sites have distributed hygiene or dignity kits for women³; that in some sites hygiene kits contain sanitary pads but not underwear, or that underwear and sanitary pads distributed are of the wrong sizes, particularly for adolescent girls.²⁵



Photo ©OCHA/Anthony Burke

Why does this matter?

- Traveling long distances to water collection points and unsafe sanitation facilities (not segregated by gender, inadequately lit, and not lockable) can increase the risk of gender-based violence (GBV) for women and girls, as well as other marginalized groups. The location of water points is 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).²⁶
- The use of water within the household may vary by gender; for women who are mostly responsible for household tasks, the limited availability of water impacts their ability to perform responsibilities such as laundry, washing dishes, and other tasks critical to maintaining hygiene in the household.
- Situation reports and primary data collected by CARE for the RGA note that there are not enough water points and insufficient water for everyone to bathe. This has particular importance for women and adolescent girls who are menstruating, not only in terms of hygiene but also in terms of their religious practices.
- A key practice of women and girls is to wash used sanitary pads before their disposal, but this practice has been made more difficult due to a limited supply of water; women and girls report using limited drinking water to wash sanitary pads.²⁷
- 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.

²³ DTM Round 1.

²⁴ Ibid.

²⁵ Ibid.

²⁶ Yayasan Plan International Indonesia (2018). Menstrual Hygiene Management – Central Sulawesi, Indonesia.

²⁷ CARE Rapid Gender Analysis, 31 October 2018

²⁸ Ibid.

RECOMMENDATIONS:

- Consult women, girls, men, boys, and persons with disabilities and of diverse sexual orientations and gender identities on the design and location of WASH services.
- Provide clean drinking water that affords safety and dignity to everyone. Add more water points, especially to the camps occupied by the poorest.
- Ensure sanitation facilities (toilets, bathing and waste disposal areas) are accessible and safe, by ensuring they are gender-segregated, well-lit and lockable and cater for special needs of people with disabilities, the elderly, people of all gender identities and other diversities.
- Provide outreach messaging across communities to ensure that women, girls and LGBTIQ persons are aware of sanitation facilities and that men and boys stick to the sanitation facilities provided for their use.
- Ensure the adequate supply of relevant NFIs, including appropriate sanitary materials (distributed regularly until they are on the recovery stage), underwear, soap and cleaning products, to women and girls of reproductive age.



Photo: UNICEF/Armas Wilander

GENDER AND SHELTER

FACTS AND FIGURES:

- Early assessments note overcrowding of shelters and a complete lack of privacy in most sites¹, with 88% of sites being in open space, and 81% of shelters being tarpaulin.³⁰
- 32.75% of sites reported access to electricity only 25% of the time, or no access to electricity at all.³¹
- 63% of sites report no camp management structures,⁴ where camp managers exist, they are likely to be men, with no participation from women on camp committees.³²
- Past experiences with disasters in Indonesia have demonstrated that transgender persons may be turned away from formal settlements due to lack of gender-affirming legal ID; and many sexual and gender minorities rely on social networks for shelter rather than risk discrimination or violence in shared sites, and thus may miss out on access to life-saving aid.³³

Why does this matter?

- Women and girls need specific **privacy and security measures** in shelters, including during menstruation.
- Overcrowded shelters, lack of electricity and lighting, and lack of security measures such as locks, compounds can heighten stress levels and tension within and between households and, as a result, the **risks of gender-based violence**.
- Respondents to CARE's Rapid Gender Analysis reported that women and adolescent girls' mobility outside of their household is relatively more constrained than before the crisis as men believe the risks to female family members are greater if they move further. 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 as 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 disadvantaged. Their lack of mobility and overcrowding in temporary shelters make women and girls with disabilities targets for sexual violence and harassment.³⁴
- As childcare, domestic responsibilities, and legal barriers may limit women's access to information, widows and female-headed households in particular may have limited access to shelter materials and/or the ability to build temporary shelters; risks of sexual exploitation and abuse may be exacerbated.³⁵

³⁰ Emergency Capacity Building Consortium & Humanitarian Forum Indonesia (2018). Joint Needs Assessment Sulawesi Earthquake and Tsunami, 9 October 2018

³¹ DTM Round 1.

³² Ibid.

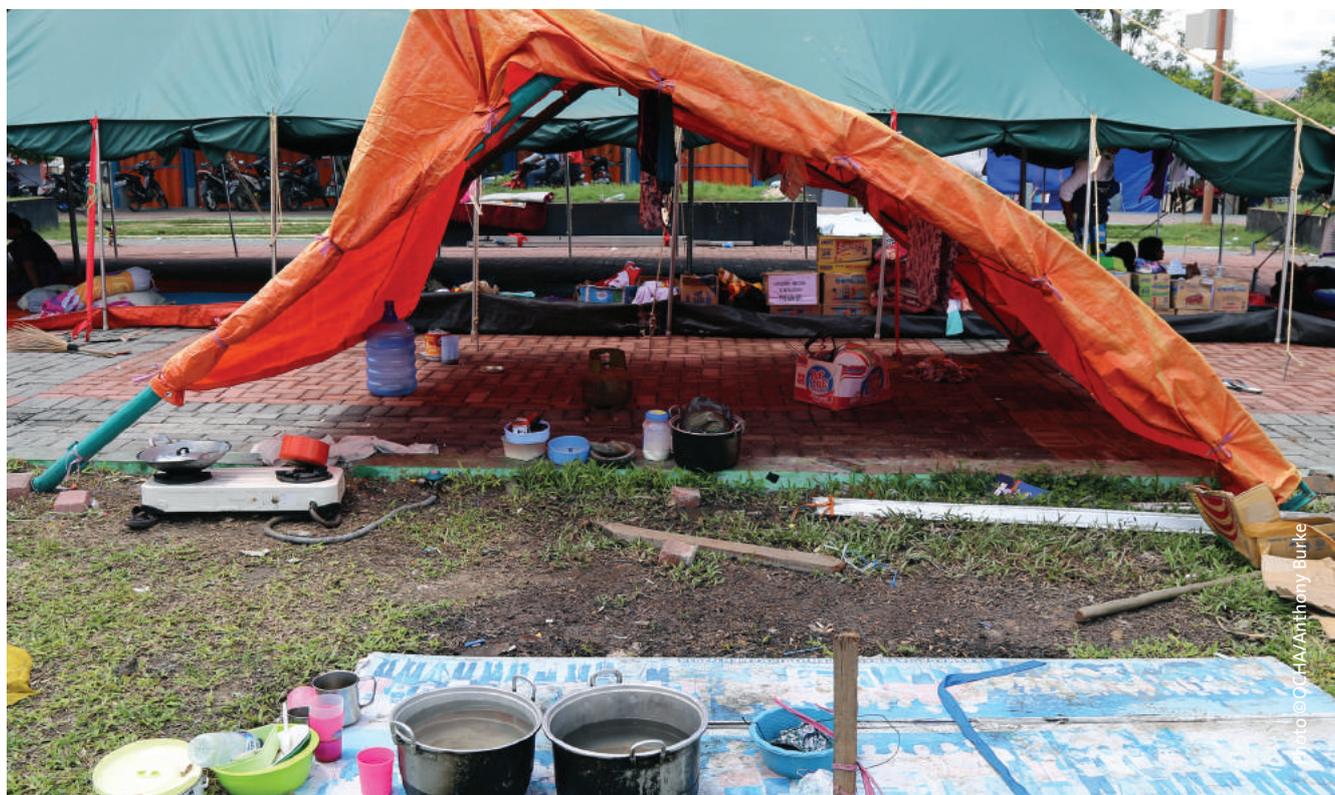
³³ Ibid.

³⁴ Oxfam Field Observations as of 23 October

³⁵ Gaillard, J.C. et al. "Beyond Men and Women: A Critical Perspective on Gender and Disaster." *Disasters*, vol. 41, no. 3, 2017, pp. 429-447.

RECOMMENDATIONS:

- Target female-headed households and the elderly for the provision of shelter and support for housing construction.
- Consider and consult with young adolescent girls/boys who are separated from their families on shelter support
- Ensure solar torches, blankets, mats and mosquito nets are provided specifically for women and girls.
- Ensure alternative fuel or communal kitchens are prioritized to ease women and girls burden of collecting firewood and reduce the exposure to sexual harassment.
- Ensure that husband and wife permanent housing is co-owned and signed by both parties.
- Identify the gaps of ownership for women such as lost identity card, polygamous marriage, lost marriage certificate, divorce, etc. and adjust/design the program to address these gaps.



³⁶ CARE Rapid Gender Analysis 31 October 2018

³⁷ Ibid.

GENDER AND FOOD SECURITY

FACTS AND FIGURES:

- 193 out of 980 sites (20%) reported no food, with adults skipping meals¹. Experiences in past disasters demonstrate that women are usually the ones acting as ‘shock absorbers’ for the family by reducing their own food intake.
- 51% of sites reported distributions as their main food source, and 77% of sites reported a decrease in daily food intake.² Further assessment is required to understand women’s access to food distributions as well as decision-making power over the use of resources including food in the household
- In Jono Onge, households further from the main road and excluded from assistance reported very limited services and no food available³⁸

Why does this matter?

- Women, girls, men, boys, and persons of diverse gender identities have differential access to food and other resources in the household; distributions to the household level must be aware of intra-household power dynamics.
- Women play large roles in managing food within the household, and bear responsibilities for procurement and preparation of food.
- Levels of food security and GBV risks are closely linked: lack of food can increase tensions in the household, and lead to intimate partner violence and negative coping mechanisms including transactional sex and early and forced marriage.³⁹



RECOMMENDATIONS:

- Provide immediate food items are essential especially for remote areas when there are no camps established nearby and ensure targeting criteria takes into account gender, age and disability.
- Consider at risk and vulnerable groups (i.e. pregnant and lactating women, children, elderly women and men and female headed households) and ensure that they have safe access to adequate food and meet their specific needs.
- The food security response must assess, redevelop and protect local institutional infrastructure (e.g. women’s and farmers’ associations, cooperatives, savings and loan schemes, local government structures etc.) and strengthen the access of vulnerable persons, especially women, to existing services and information.

³⁸ DTM Round 1

³⁹ Ibid.

⁴⁰ Oxfam Field Observations, 23 October 2018

⁴¹ IASC (2018). The Gender Handbook for Humanitarian Action.

GENDER AND LIVELIHOODS

FACTS AND FIGURES:

- Key economic infrastructures such as roads and irrigation systems are blocked and/or inaccessible due to build-up of debris and waste. This affects badly people's access to different opportunities.¹
- Women workers, many of whom are especially vulnerable as own-account workers or contributing family workers, constitute 35% of the 94,500 workers displaced by the earthquake and tsunami.²
- In sites where IDPs have received job offers, 59% of offers have been made to adult men, 26% to young men, 7% to adult women, 4% to young women, and 4% to children. Those offering jobs comprise of family (35%), friend (35%), "someone" (12%), agency (8%), others (8%), and government (4%).³
- Damage to food gardens has meant that women are no longer able to sell the surpluses, diminishing their access to income.⁴

Why does this matter?

- Women's access to livelihood opportunities may be further constrained by the increase in unpaid care work after the disaster, lack of safety/security in displacement sites which may limit their mobility, as well as lack of information on aid available, including cash-for-work opportunities. Evidence from prior to the disaster indicates that women's work outside of the household is clustered in the informal sector and understood as supplemental to their roles within the household.⁵
- In building back better, livelihoods programmes can address unequal gender norms by also targeting women as income providers and promoting joint decision-making in the household
- Coping strategies within the household can have differential impacts on women, girls, boys, and men; e.g. boys may increasingly take on hazardous and unsafe work to supplement household income.





RECOMMENDATIONS:

- 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.
- Ensure women's livelihoods schemes are based on thorough consultation about their assistance and protection needs and concerns
- Ensure the provision of assistance for care work to enable women to participate actively in livelihoods activities
- Allocate grants to support the start-up livelihoods to single women households.
- Conduct market analysis as soon as possible to design the relevant interventions for livelihood opportunities for women and men.
- Ensure women's active participation in targeted and relevant Cash-for-Work activities and to advance women's involvement and leadership in a male dominant livelihood space i.e. management of debris clearance and address and transform gender stereotypes.
- Identify with women from diverse backgrounds for relevant cash for work opportunities i.e. child care or any caring role to value women's care role, community kitchen, etc.

GENDER AND PROTECTION

FACTS AND FIGURES:

- Eight cases of gender-based violence reported in displacement sites as of 7 November. However, cases are likely to increase/ reported as more services are made available
- GBV risks are compounded by lack of camp coordination structure, lack of electricity and infrastructure, distance to and condition of water and sanitation facilities.
- Only 66% of displacement sites report a functioning GBV referral mechanism.¹ Women need better access to information on available services, a mapping of functioning community-based services and programmes on GBV is underway.²
- There are potential risks for adolescent girls especially physical and sexual abuse at night because the lack of electricity in the camps and tents. In addition, some girls could be exposed to risk of exploitation and trafficking. There were many visitors to the camps with different backgrounds and asking questions to adolescent girls.³
- Child-headed households and adolescent mothers have been identified as vulnerable groups in the assessment. Adolescents are asked to work and ‘help more’ post-emergency, and may be involved in hazardous labor and/or being taken out of school.⁴



Photo © UNICEF/Armas Wilander

⁴² DTM Round 1.

⁴³ UN HCT Situation Report No. 03, 19 October 2019

⁴⁴ Oxfam Joint Needs Analysis on Child Protection; JNA data.

⁴⁵ Oxfam Joint Needs Analysis on Child Protection.

Why does this matter?

- The combination of women's limited access to resources, household duties and responsibilities, and isolation from sources of support greatly increases the risks of GBV, including sexual exploitation and abuse.
- Protection risks are exacerbated especially for women with disabilities, who are at risk of neglect, maltreatment, and sexual violence

RECOMMENDATIONS:

- Establish a coordinated one-stop support center in each village affected to address women and girls' well-being from health, livelihood, protection, psychosocial support.
- Establish Women-Friendly Spaces for not only providing services, but also for women's gathering and organizing themselves to support each other psychologically
- Ensure cash based and livelihoods interventions are adequate to the immediate and early recovery to avoid negative family and individual coping mechanisms.
- Provide cultural and psychosocial related activities across gender, age and sexual orientation to reduce stress and trauma.
- Scale-up and maintain the provision of dignity kits for women and girls to enhance their confidence and participation in the response. Include solar torches for women and girls to access toilets in the evenings.
- Set-up multi-sectoral referral systems and link to legal aid organizations for survivors of GBV including child marriage;
- Support capacity development of service providers and women's groups in GBV response and prevention with a survivor centered approach.
- With support of WROs, establish women's groups and referral system for vulnerable women and girls.
- Train all aid workers and volunteers in PSEA; focal points, reporting and survivor support mechanisms are established in each agency; and PSEA-related information are disseminated widely.

GENDER AND HEALTH, INCLUDING SEXUAL AND REPRODUCTIVE HEALTH (SRH)

FACTS AND FIGURES:

- UNFPA estimates that 352,000 women of reproductive age have been impacted by the earthquake and tsunami, including 45,300 who are pregnant. More than 14,000 women are estimated to give birth in the next three months, with 2,100 women expected to experience obstetric complications at the time of delivery and require emergency obstetric care at a functioning health center for delivery in the next three months.¹
- The Health Cluster noted an estimate of 1,900 people living with HIV in Central Sulawesi,² it is unclear whether women living with HIV have adequate access to anti-retrovirals (ARVs).
- 525 of 980 sites (54%) reported no access to pregnancy care, while 811 sites (83%) reported no access to psychosocial support services.³
- 566 sites (58%) reported that the nearest health center facility is more than 30 minutes away from the displacement site.⁴
- Breastfeeding counselors are present in only 18% of sites.⁵

Why does this matter?

- Ensuring women, girls, men, boys, and persons of diverse gender identities have equitable access to healthcare requires an understanding of the specific health needs and potential barriers to accessing services. It is critical to take into account gender-specific needs, e.g. privacy of consultation rooms for survivors of GBV, means and methods of transportation for women in accessing healthcare facilities, etc.
- Disruption of family planning services during and after emergencies impacts SRH, and can lead to unwanted and high-risk pregnancies that increase health and socioeconomic burdens on affected families.



Photo © OCHA/Anthony Burke

⁴⁶ UNFPA (2018). Earthquake and tsunami devastating for 45,000 pregnant women in Indonesia. <https://reliefweb.int/report/indonesia/earthquake-and-tsunami-devastating-45000-pregnant-women-indonesia>

⁴⁷ World Health Organization (2018). Central Sulawesi Situation report #09, 19 October 2018.

⁴⁸ DTM Round 1.

⁵⁰ DTM Round 1.

⁵¹ DTM Round 1.

RECOMMENDATIONS:

- Engage persons of all genders and ages, especially youth, in assessments of health needs, programme designs, and locations and accessibility of health facility, including through single gender and age appropriate focus group discussions (e.g. conduct separate FGDs for adolescent girls, women, and elderly women focused on their specific needs);
- Ensure gender-balanced and youth-friendly teams of service providers;
- Provide capacity development for health service providers on the Minimum Initial Services Package, including response to GBV as well as for clinical management of rape;
- Monitor the access to health assistance by gender and age;
- Ensure health facilities have lockable, private latrines inside; also ensure that they monitor who is entering the facility;
- Ensure women have equal opportunities and access to become community health workers or volunteers, including through targeted measures such as the provision of childcare.



RESPON TANGGAP DARURAT GEMPA BUMI DAN TSUNAMI SULAWESI TENGAH DAN SULAWESI SELATAN

JEJARING MITRA KEMANUSIAAN



Di dukung oleh : 



YAYASAN PLAN INTERNATIONAL INDONESIA

