



Supplies provided by CRS and partners in Sulawesi.
Photo by Yusuf Wahil for CRS

Gender Protection Analysis in the CRS Central Sulawesi Response

A study of the gender dynamics and protection risks that differently influenced men and women in the emergency response and early recovery process of the 2018 Central Sulawesi tsunami-earthquake response in Indonesia.

DECEMBER 2018

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EXECUTIVE SUMMARY

OBJECTIVE

This Gender Protection Analysis aims to investigate the gender dynamics and protection risks that differently influence men and women in the emergency response and early recovery process of the 2018 Central Sulawesi tsunami-earthquake response. Specifically, this report examines how gender and protection function in relation to the construction of transitional shelters, Water, Sanitation and Hygiene (WASH) facilities and the distribution of cash transfer assistance.

INTERVENTION AND IMPLEMENTING PARTNERS

At the time of assessment, from November 7-15, 2018, Catholic Relief Services' (CRS) emergency response was underway. With its local partners, emergency efforts included the distribution of non-food items (NFIs) and provision of emergency shelters and WASH facilities to affected communities living in centers for internally displaced populations (IDPs), at points where IDPs in the province congregate, and near their damaged homes. By December 2018, CRS' emergency response in Sulawesi was gradually transitioning to the early recovery phase, during which CRS used cash transfer assistance to support families in the construction of transitional shelters, including WASH facilities.

To carry out this response, CRS established partnerships with three local implementing organizations in Central Sulawesi: Muhammadiyah Disaster Management Center (MDMC), Pos Keadilan Peduli Umat – Human Initiative (PKPU HI) and Karitas Indonesia (KARINA).



*Umi Sumbajono and her family in Jono Oge village.
Photo by CRS/Staff*

KEY FINDINGS

Based on the analysis of secondary data through a desk review and primary data through community/field assessments, key findings include:

- Gender roles and responsibilities lead to inequitable access to information and participation in decision making, reduces the mobility of women, and affects their productive roles.
- Underage marriage, as well as insufficient feedback mechanisms and referral systems for protection against sexual exploitation and abuse (PSEA), are critical issues in Central Sulawesi, including the most disaster-affected areas of Palu, Sigi and Donggala.
- Significant gaps exist in the availability of safe spaces for women and vulnerable groups in the community, and gender-sensitive feedback mechanisms.
- While CRS partners are implementing some protection mainstreaming activities, including the provision of psychosocial support, key gaps remain in mainstreaming gender and protection/PSEA.

KEY RECOMMENDATIONS

The key recommendations for gender-protection integration for the Central Sulawesi early recovery process are:

- Address the most imperative needs raised by men and women related to the construction of transitional shelters and WASH facilities.
- Assign or recruit specific gender-protection focal points for each implementing partner.
- Establish a consultation group specifically for women and vulnerable groups in each target community to serve as a safe space for women, and as a forum to share information, feedback and input related to the recovery process.
- In target communities, conduct discussions with women about their role in the emergency response and the recovery process, and disseminate information on PSEA and existing referral systems.
- Produce materials for information, education and communication (IEC) to support the dissemination of PSEA and referral system information, along with information on transitional shelter and WASH.



*Novi, 29, shows materials she received from CRS and partners.
Photo by Yusuf Wahil/CRS*

KEY RECOMMENDATIONS CONTINUED:

- Ensure the availability of sex-and-age-disaggregated data to inform the design and implementation of recovery activities.
- Whenever possible, ensure that on-site activities—including the provision of cash transfer assistance, and consultation processes with women and vulnerable groups—accommodate their limited mobility and time constraints.
- Considering the limited familiarity of women to formal matters in general, minimize the paperwork needed for accessing cash transfer assistance during the emergency response mechanism.
- Identify the different skills and sources of income for women and men, as well as women’s financial management capacity in the household, to inform both multipurpose and conditional cash transfer assistance.

BACKGROUND

On September 28, 2018, a 7.5 magnitude earthquake followed by a tsunami devastated Central Sulawesi Province. As reported by the Indonesian National Agency for Disaster Management (Badan Nasional Penanggulangan Bencana or BNPB),¹ the death toll reached 2,081 people, with 1,309 missing, 4,438 severely injured and over 206,000 people internally displaced in the immediate week following the disaster.

¹ AHA Center Situation Update No.15, Friday 25 October 2018. 12:00 hours (UTC+7)

The most heavily affected areas include Donggala District, Palui City, Sigi District and Parigi Moutong. A PSEA network group, co-chaired by UNICEF and UNFPA, formed with involvement from various organizations, including CRS.

CRS responded to emergency needs through cooperation with three implementing partners, PKPU-HI, MDMC and KARINA. Early relief efforts including the provision of NFIs, hygiene kits and water storage tanks, and the construction of wood-framed emergency shelters with plastic sheeting. In the next phase, CRS is supporting its partners to provide emergency latrines by procuring key items through the local market.

METHODOLOGY

Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. It is a critical component of CRS’ program implementation cycle. Protection Mainstreaming within the CRS organizational and programmatic context adheres to the Protection Framework (see Annex 1) and will incorporate a gender analysis that is inclusive of diversity factors, such as age, religion, ethnicity, socio-economic status and other social demographics.

Key Assessment Questions

1. What are the gender dynamics (access, participation, roles and responsibilities, and access to or control of resources) within households and the community that influence the conditions of men, women, boys, girls and vulnerable groups in the emergency response management in Central Sulawesi, particularly in the sectors of transitional shelters and WASH?
2. What are the protection issues during the emergency response management in Central Sulawesi that need to be considered in the transitional shelters and WASH sectors?
3. To what extent have gender and protection been integrated into the existing emergency response, and what could be improved?

COMMUNITY ASSESSMENTS, INCLUDING STAKEHOLDER MAPPING

The community assessment revealed information and data about gender and protection issues that would have an impact on the quality of emergency response activities. Following the desk review of relevant documents and assessment reports conducted by agencies/organizations working on the Central Sulawesi emergency response, CRS and its partners conducted a second review to highlight findings pertinent to the integration of gender and protection in the emergency response, as well as to identify programming gaps to plan for community-level assessments.

Community Assessments

CRS carried out a community assessment from November 7-14, 2018, in coordination with field staff from MDMC and PKPU HI. For detailed information on the Focus Group Discussions (FGDs) and key informants, see Annex 2.

Limitations

- The community assessment focused only on specific sectors (transitional shelters, including WASH facilities and cash transfers) in selected affected areas. The assessment does not include other sectors, such as education, livelihoods and health.
- Due to the limited availability of participants, a FGD with people with disabilities (PwD) was not carried out. However, in the FGD with female-headed households, some PwDs were represented.
- Due to the time limitations, only two FGDs involved male participants.

ANALYSIS

1. Demographic Profile and Gender Dynamics Statistics

The demographic profile and the statistics regarding the gender dynamics in Central Sulawesi presented in this report are drawn primarily from the Joint Needs Assessment (JNA) data conducted from October 3-8, 2018, by multiple NGOs working in Central Sulawesi. Additional data came from situation updates and presentations from the Women's Rights Protection Sub-Cluster.

The assessment included the four districts of Palu, Donggala, Sigi and Parigi Moutong; 29 subdistricts; and 107 villages. CRS and partners collected data from 101 displaced sites, including 85 families living next to their damaged houses, and 13 IDP Centers managed by village/government.

JNA Results:

- Water collection tends to be done by men and boys, but is also done by women and girls when needed. Respondents reported no significant strict gender roles.
- More than 50 percent of women and girls reported challenges in maintaining hygiene, while less than 50 percent of men and boys reported such difficulty.
- Post disaster, 67 percent of women interviewed reported challenges in accessing sanitary napkins. Before the disaster, only 5 percent reported challenges in accessing sanitary napkins.
- 53 percent of respondents reported a decline in their children's health since the disaster.

Data from the Women's Rights Protection Sub-Cluster Meeting on October, 19, 2018:

- Women feel unsafe during water and firewood collection
- WASH facilities lack protection mainstreaming, and makes women and girls feel unsafe utilizing them. For example:
 - 84 percent of toilets are not segregated by gender.
 - 47 percent of toilet facilities are more than a 20-minute walk outside of camps.
 - 45 percent of surveyed camps have insufficient lighting around WASH facilities.
 - Women and girls reported not taking showers due to privacy concerns.
 - Most health facilities do not have a functioning water source.

2. Results

Table 1: Most Imperative Assistance/Items during the Transitional Phase, by Gender

Priority Ranking	Women	Men
1	Clean water supply and latrines, including space for washing.	Clean water supply and latrines.
2	Cooking utensils for each family, including 55-gallon water drum/ container (at the time, families had only jerry cans to fetch water).	Shelter kits—including hammers, nails, screwdrivers and wheelbarrows—to clear houses from debris and construct temporary shelters.
3	Sleeping mats. Families had been using plastic mats from the emergency response, which are too thin for longer term displacement.	School uniforms for children.
4	Maintenance and cleanliness of latrines.	Materials for transitional shelters.
5	Assistance to resume their previous productive activities, such as running informal businesses.	Money to start constructing temporary shelters.

During the transitional process to recovery, the items listed in the table above need to be considered. Clean water and latrines must be assured before the construction of transitional shelters and the relocation of families.

3. The impact of gender roles and responsibilities on disaster-affected men and women

Access to emergency response services in Central Sulawesi is strongly defined by gender. Based on primary data (FGDs and key informant interviews) with affected people in Palu, Sigi and Donggala, and secondary data through desk reviews, the Gender Protection Assessment revealed a number of gender barriers that affect the ways in which women and men deal with the impacts of disaster, and how they access assistance.

Table 2: Noted Roles and Responsibilities by Gender

Women	Men
Reproductive Roles <ul style="list-style-type: none"> Child caring and rearing Food preparation Care of other adults Care for the elderly and people with disabilities Fetching water, cleaning latrines Dealing with household solid waste 	Productive Roles <ul style="list-style-type: none"> Main breadwinners for families Working as factory laborers Farming cocoa and cloves Fishing (in coastal communities)
Productive Roles <ul style="list-style-type: none"> Farming their own land, mostly for cocoa & cloves Working as daily farm laborers Running home-based small businesses Managing family financial resources Selling food in traditional markets Accessing micro-loans and savings in banks (in areas closer to capital city) 	Community Politics Roles <ul style="list-style-type: none"> Attending formal community meetings at the village office Accessing information from the government Dealing with formal matters, including access to banking/formal financial services/ information
Community Management/Engagement Roles <ul style="list-style-type: none"> Engaging in regular Qur'an reciting gatherings Providing food for community events Maintaining joint assets (chairs, cooking utensils) for community events, such as weddings and festivals 	Reproductive Roles <ul style="list-style-type: none"> Repairing houses Supplementing support in child caring Assisting women with fetching water Repairing water pumps/boreholes Accompanying spouse and children outside home

After the disaster, no significant change took place in the division of roles between men and women. For example, in IDP Centers, women are responsible for cooking in collective emergency kitchens. However, in the time of the disaster, the burden on women tends to increase due to insufficient basic emergency support, such as provision of a water supply and latrines. Post disaster, men are assisting women more in collecting water, particularly in areas where they are forced to find an alternative water supply (e.g., rivers), which can require travel over a significant distance.

Inequitable access to information and participation in decision making

The different roles and responsibilities attributed to women and men, both in the household and community contexts, lead to inequitable access to information about emergency and recovery services. The gender dynamics that position men at the forefront of community politics and women more on domestic chores, have created gaps between men and women in terms of accessing information—with women experiencing far more limited access.

Women also lack decision making authority at the community level. Prior to the emergency, women were usually not invited to participate in decision making meetings, such as Musyawarah Perencanaan Pembangunan Musrenbang (development planning meetings) or other key meetings conducted by the village office. Some women—for example, from women’s groups such as Pemberdayaan Kesejahteraan Keluarga (PKK)—attended the meetings, but did not actively participate due to an expressed lack of confidence and limited knowledge. In most rural areas, PKK has limited engagement with female smallholder farmers. The main PKK activity familiar to women is general health check-ups for infants.

Post-disaster, women continue to have limited decision-making power. In all FGDs conducted during the assessment, women described never having been consulted about their specific needs. In some IDP Centers, committees that had formed to facilitate aid distribution included few women. Increased workloads for women, including the additional challenges for lactating women and women who take care of PwD, have significant impacts on their health and well-being, as well as their ability to participate in meetings and engage in decision-making.



Focus Group Discussions in Omu village, Kulawi Subdistrict, Sigi District. Photo by CRS/Staff

With such limitations, women develop their own channels for accessing information. In rural areas, women often attend informal, regular, religious-based gatherings, such as pengajian (Qur’an recitation groups) and arisan.² Post disaster, most women are yet to re-establish these informal groups because they are focused more on the emergency and recovery process. Moving forward, these existing and effective social organizational structures can be tapped in order to establish practical means for feedback from women without creating additional activities. Utilizing these channels could also lead to a high participation rate.

In communities within the Loli Pesua and Loli Saluran, Benawa, Donggala districts, the arisan gatherings function as a channel to strengthen social cohesion for women. Through the arisan, women also collect money to purchase shared assets, such as marquees, chairs and communal cooking utensils, which they can use for weddings, festivals and other events as a way of saving money. These collective assets are also sometimes rented to other people who are not members of the arisan group, thereby serving as a source of collectively managed group income. Many of these joint assets were washed away by the tsunami.

Sigi, Palu and Donggala are areas with high religious and ethnic and language diversity. Because of this diversity,

Note: The term “reproductive roles” used in this report refers to the Moser Framework, which includes the care and maintenance of the actual and future workforce of the family (i.e., childbearing responsibilities and domestic chores). The term “productive roles” relates to the activities undertaken by men and women to produce goods and services for consumption or trade (i.e., growing crops for sale and household consumption). The term “community politics roles” relates to activities primarily carried out by men at the community level through which men usually participate in formal political capacities and often within the framework of national politics. Activities related to community politics usually generate payment, status and power.

² Arisan is a regular social gathering where each person attending the gathering needs to contribute an amount of money to the collective pot and, at each gathering, one or two members will be selected (drawn rotationally) to receive the collected money

Bahasa Indonesia is most frequently spoken. However, most elderly people speak their indigenous language, with only basic skills in Bahasa Indonesia, which creates communication challenges. In formal situations, they often need translation assistance.

While a majority of the population is Muslim, the communities have a significant number of Protestants and Catholics. Therefore, the religious diversity in the province should be highlighted and considered in the emergency interventions.

Disaster impact on productive roles

FGDs highlighted that both men and women are facing difficulty in performing their productive roles. For example, men in the coastal areas of Donggala lost their boats in the tsunami. These fishermen also worked as laborers for shipping and concrete companies in Donggala, and few have returned to work. Many farmers lost the clove crop that was harvested and dried a month before the disaster, since the crops were stored at their houses that were washed away. Those who are displaced and staying in IDP Centers have to travel further to return to their farms. Men and women need significant psychosocial support to help them address the loss of their livelihoods, and return to their productive activities.

Women tend to be the primary financial managers at home and can contribute significantly to decision-making on family expenses. Therefore, women benefit from improved access and decision-making power. To augment family income, women also run small businesses, such as selling cakes or raising poultry. This capacity among women in financial management at the household level should be considered as a significant component in the emergency response, particularly in relation to multipurpose cash transfer assistance.

Gendered time constraints

In terms of time management, women tend to face greater challenges in balancing their daily tasks and routines. While men are typically able to focus on a single productive activity in a day, women often undertake multiple tasks at the same time.



Mothers with their children stay outside in the immediate aftermath of the Sulawesi earthquake and tsunami. Photo by Putu Sayoga/Redux for CRS

Men spend their day working in factories, on the farm or fishing, and are without the additional burden of domestic chores. Gendered time constraints also influence the ability of men and women to access information and attend community meetings. Women tend to be unable to attend meetings or trainings conducted in the evening unless they are accompanied by their husbands or friends. Women usually prefer to have meetings in the afternoons, and sometimes will request to bring their children if they do not have someone to care for at the time.

Different roles and challenges in mobility

The nature of women's roles that effect their access to information are inseparable from issues of mobility. Due to multiple responsibilities in the home and limited motorbike skills, most women can only be independently mobile around their village, neighborhood and nearby traditional markets, which they reach by walking unless their husbands or other adult men in their families are able to accompany them on a motorbike. Motorbike-taxies (ojek) are also expensive.

In comparison, men have greater mobility. Most men are employed outside the home, which requires them to travel more frequently across greater distances than women. Men are also more independent and have more confidence in handling long-distance trips, which allows them access to services and information, as well as employment, in the capital cities.

Specific gendered gaps

In the recovery phase of the response, CRS and partners will provide transitional shelters for affected families living in IDP centers or who are staying near their damaged houses.

Table 3: Transitional Shelter Concerns, by Gender

Concerns Raised by Women	Concerns Raised by Men
<ul style="list-style-type: none"> • Never consulted about the emergency assistance they have or will receive, including the transitional shelters. • Expect to receive clearer information on the kind of support they will receive, including for shelter, livelihoods and other aspects. • Need kitchen utensils, as well as sleeping mats thicker than the plastic ones they received during the emergency response. • Those in IDP centers hope to have enough space to cook around their transitional shelters. • Concerned about where to dispose of sanitary napkins and baby diapers. • Willing to work collaboratively to maintain communal facilities. 	<ul style="list-style-type: none"> • Expect their shelters to have two rooms (as exemplified by the MDMC prototype). • Need tools and hardware to clear debris from their homes, and to construct transitional shelters. • Those in IDP centers had yet to receive sufficient information on the location of their transitional shelters. They expressed concern about travel distance from the transitional location to their workplace/farm/source of income. • Until the time of assessment, they had not been involved in specific discussions or meetings concerning the transitional shelters.
<ul style="list-style-type: none"> • Female headed households face challenges in constructing their shelters. For small tasks, they can ask for help from neighbors but, to construct shelters, they sometimes need to pay day laborers. 	

Table 4: WASH Concerns, by Gender

Concerns Raised by Women	Concerns Raised by Men
<ul style="list-style-type: none"> • Water is sufficient for cooking, but not for bathing, latrines and washing—particularly to fulfill needs related to menstrual hygiene, pregnancy, caring for infants and the elderly, and breastfeeding. • Latrines in IDP Centers are not separated by gender, raising privacy concerns. • IDP Centers have no place to hang clothes in the latrines. • In several villages, pipes and household water pumps are damaged. • Must walk farther to fetch water. • Latrines are too narrow for larger adult women. • People who aren't in IDP Centers practice open defecation, which is undignified and unsafe at night. • Communal latrines in IDP Centers are sometimes poorly maintained and dirty. • No hygiene promotion activities took place in IDP Centers and affected villages. • Water supply and latrines need to be viable before a transitional shelter can be constructed. • Although one latrine per family is preferred, shared latrines for 3-5 households are acceptable. 	<ul style="list-style-type: none"> • Limited water supply. • Damaged latrines in houses destroyed by earthquake and tsunami. • Need to travel to rivers to collect water. • In some places, need to ride motorbikes to collect water twice a day, as the closest water source is around 1-2 km away. • Household water pumps and pipes are damaged. • Must openly defecate in farms or hills, which they find undignified. • No hygiene promotion activities in IDP Centers and in affected areas.
<ul style="list-style-type: none"> • Female headed households face more difficulties collecting water and repairing their household water source. 	

4. Issues on children's health, underage marriage and PSEA

In Central Sulawesi, children make up 35 percent of the total population. According to UNICEF, child mortality is high, at the rate of 85 children under five and 26 newborns for every 1,000 live births. In 2013, UNICEF reported that 16 percent of newborns have low birthweight, and more than 40 percent of children under five were stunted. Research conducted by the National Population and Family Planning Board (BKKBN) in 2015 revealed that Central Sulawesi Province ranks third in terms of the prevalence of child marriage, at 32 percent. Sigi District is among the three districts in the province with the highest prevalence, standing at 13 percent.

According to an FGD with adolescent girls in Loli Pesua, Benawa Subdistrict, Donggala District, marriage under 18 is common. Although strict regulations against child marriage exist, many girls often falsify data on their ID cards to get married earlier. Socio-economic factors—including economic dependency and dowry practices, as well as reduced access to sufficient education and health services—are identified as key causes of early marriage.³ Married girls often do not complete high school, limiting their access to later employment.

Through regular meetings of the Women's Rights Protection Sub-Cluster, the Provincial and District Office of Women's Empowerment and Child Protection (DP3A Office) has been promoting the awareness of sexual and reproductive health and rights (SRHR), PSEA and prevention of gender-based violence. The DP3A Office has encouraged other clusters, including WASH and Shelter, to include SRHR and PSEA cross-cutting activities into broader recovery efforts.

The DP3A Office also calls for the urgent establishment of reporting/feedback mechanisms integrated with the existing referral system. It considers it critical to conduct specific gender integration and PSEA trainings within emergency operation teams of any organization working in Central Sulawesi, and has already conducted several short training sessions with support from UNFPA. Key action steps recommended by the Indonesia Humanitarian Country Team include continued articulation of community engagement and PSEA needs, gaps in support, and response capacity.



CRS talks with displaced families about their priority needs. Photo by Sayoga/Redux, Putu

Issues on safety and dignity during the emergency

The pressure and stress of losing access to income, as well as losing relatives, family members and valuable assets in the disaster, can sometimes lead to domestic violence. Displacement also increases the risk of children being separated or unaccompanied. Child-headed households and adolescent mothers are currently reported among the vulnerable groups.

As highlighted in Table 4, women who were not displaced to IDP Centers raised safety and dignity concerns. Most notably, due to the rupturing of water pipes, many women had to walk farther to fetch water. Many family latrines were also damaged, so they were defecating openly in farms, which made them feel undignified and unsafe, particularly at night.

Volunteers in the Child Center managed by PUSAKA in Loli Pesua and Loli Saluran, noted during the FGDs that women in IDP centers do not feel they can conveniently change their clothes because their tents lack privacy. This is especially true when they are sharing the space with more than one family, and since tents are difficult to secure from potential intruders. A volunteer in the Women Friendly Room in an IDP Center mentioned how some women expressed the feeling that people were looking in the tents when they changed clothes or were sleeping.

On October 19, 2018, the Women's Rights Protection Sub-Cluster reported a potential protection risk of physical and sexual abuse at night for adolescent girls due to the lack of proper camp management.

³ Child Marriage and the Perpetuation of Poverty, Strategic Review, <<http://sr-indonesia.com/read/child-marriage-and-the-perpetuation-of-poverty>>



A family in their CRS-supported transitional shelter. Photo by Maria Josephine Wijastuti/CRS

5. Urgent need for gender-sensitive feedback mechanisms and safe spaces for women and vulnerable groups

The Community Engagement Working Group (CEWG) published the first edition of the “Suara Komunitas”⁴ bulletin to disseminate community feedback, which had been collected through FGDs, discussions with affected people, and radio programs. However, the data and feedback shared in the bulletin lacked gender-sensitive information, such as the concerns of women and vulnerable groups about the emergency and recovery process.

In general, women and vulnerable groups do not have access to safe spaces to raise issues they experience. In all community assessment FGDs, women stated that they were not aware of channels to share input and address challenges. Few organizations have approached or consulted women and vulnerable groups to discuss their specific needs; most women stated that no organizations have conducted separate meetings with them.

The most suitable model of safe spaces needs to be discussed further with affected women, particularly to accommodate sharing sessions for sensitive issues, including sexual exploitation and abuse.

⁴ Suara Komunitas (Community Voices) Bulletin Edition #01, published by Community Engagement Working Group, November 2018, developed PMI-IFRC with the support of OCHA, Pulse Lab Jakarta and UNICEF

⁵ Emergency Response Capacity Building Consortium consists of Bina Swadaya, LPTP, AMAN and PUSAKA. It has been delivering integrated services including WASH, Shelter, GBV case management and child protection. PUSAKA, in their response in Central Sulawesi has been implementing three main activities: Child Center operations; Family reunification service along with the Child Center operation; and Legal Assistance related to child protection issues during emergency and early recovery.

MDMC has initiated the establishment a specific space called Balai Wanita (Women’s Hut), to provide a designated space for women and vulnerable groups to hold activities that need more privacy, such as breastfeeding and discussions only for women. Some initiatives to facilitate a feedback mechanism for sensitive issues about child protection have been implemented, such as the Child Center by PUSAKA, under the Emergency Response Capacity Building Consortium.

The DP3A Office has established⁵ five locations for Women Friendly Spaces (Pos Tenda Ramah Perempuan) throughout Palu, Donggala and Sigi districts. The main purpose of these posts is to provide safe spaces for women to share their concerns on different issues, including sensitive matters related to sexual abuse and exploitation. The spaces are incorporated with SRHR posts in each location. The DP3A cooperates with local women’s organizations Kelompok Perjuangan Kesenjangan Perempuan Sulawesi Tengah (KPKPST) and Lingkar Belajar Untuk Perempuan (Libu Perempuan) to run daily activities by employing a number of female volunteers from the organizations.

The day-to-day activities of these posts include:

- Receiving reports on gender and PSEA issues emerging in the post-disaster period;
- Providing legal assistance for sexual abuse cases;
- Collecting data on gender and protection issues through individual consultations and family visits;
- Conducting various trainings and dissemination activities for women and girls; and
- Providing trainings for men on masculinity issues and men's contribution in reducing gender-based violence.

Based on assessment interviews with two volunteers of the Tenda Ramah Perempuan in Masjid Agung IDP Center, no SEA cases had been reported. However, the volunteers emphasized the hesitation from women to report SEA cases, mainly due to insufficient knowledge of what SEA is and at what stage they are allowed to report, and a lack in confidence to openly share their experiences. Although cases of SEA seem to be less reported through the Posko Ramah Perempuan, several local women's rights organizations that are part of the Women's Rights Sub-Cluster received reports of sexual abuse cases, which have been handled by the DP3A Office.

CONCLUSIONS AND RECOMMENDATIONS

The most imperative basic assistance, raised by both men and women, to be provided during the transitional process includes:

- Clean water supply and sufficient latrines with privacy considerations for both genders and equitable access for vulnerable groups.
 - The provision of clean water and latrines must include hygiene promotion through active community engagement.
- Kitchen utensils, including 55-gallon household water storage.
- Shelter kits, including the tools to reconstruct their transitional shelters, such as hammers, nails, saws and wheelbarrows.
- Sleeping mats.

Issue: A large gap exists in the consultation process with women and vulnerable groups in the overall recovery process, as well as a lack of available safe spaces for women.

Recommendation: Establish an informal consultation group for women and vulnerable groups in each target community. The consultation group can serve as a safe space for women to share their feedback on the services

Issue: A significant need exists to promote and disseminate meaningful information to the community about gender-sensitive emergency response and PSEA.

Recommendation: Conduct several sessions with women in the target communities to share and discuss how women can contribute in the emergency response and recovery process. During the sessions, disseminate PSEA information and introduce the referral system. The curriculum must be adapted to the cultural contexts.

Issue: IEC materials are lacking to support the dissemination of PSEA and gender sensitive emergency response information, as well as information on the existing referral system. This is in addition to IEC materials related to other services such as shelter, WASH and multi-purpose cash transfer assistance.

Recommendation: Base the communication methods on the community's general level of education, and ensure that community diversity is visually represented.

Issue: Sex-and-Age-Disaggregated data is lacking.

Recommendation: Through the engagement with women's groups, collect more data to fill gaps. For example, capture information on the number of affected female headed households and PwD.

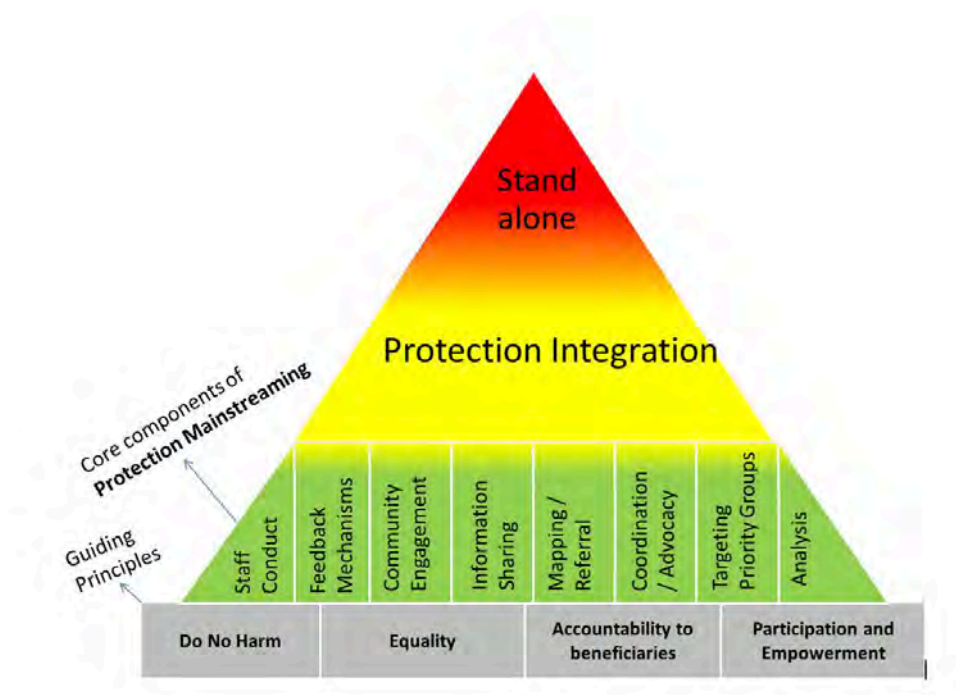
Issue: Women have limited mobility, different time constraints and a strong capacity in household financial management.

Recommendation: Consider these unique attributes when designing cash transfer assistance and conducting consultation processes with women and vulnerable groups. For example, on-site distributions and community meetings involving women and vulnerable groups are an option. Many women do not want to have meetings at night.

Issue: Varied occupations and sources of income between men and women might affect the participation level of community in the recovery process, creating overall time constraints and other economic challenges.

Recommendation: Consider these factors when planning community engagement.

ANNEX 1: PROTECTION MAINSTREAMING TRIANGLE



What This Means		Indicators
Analysis	All programming is underpinned by an understanding of the protection context throughout the program cycle	Relevant basic questions are included in sectoral needs assessments to ensure the mainstreaming of protection
		Analysis of protection issues is compiled and updated as needed throughout the project/ program cycle
		All data collected is disaggregated by sex, age and disabilities
		Programs are continually adapted in response to the protection context
Targeting/Priority Groups	The differing needs and capacities of the most vulnerable women, men, girls and boys are identified and assistance is targeted accordingly	Priority groups most affected by the crisis are identified for the provision of assistance
		Community members/groups are involved in the process to select criteria for targeting
		Assistance packages are designed to meet the differing needs of women, men, girls and boys of diverse groups

What This Means		Indicators
Coordination & Advocacy	Staff and partners advocate and work with relevant actors to enhance the protective environment; avoid duplication; and prevent, mitigate and respond to protection risks	Staff and partners coordinate internally across projects to ensure protection mainstreaming is consistently included in all sectoral responses
		Staff and partners participate in existing coordination and share information on protection and protection mainstreaming
		Staff and partners raise unaddressed protection issues with duty bearers
Mapping & Referral	Staff and partners have necessary knowledge, information and training to support communities in accessing existing services	<p>Staff and partners have information on existing protection services and how to contact them</p> <p>Staff and partners are trained on when and how to refer cases</p>
Information Sharing	Accurate and timely information about CRS and partners is readily available to women, men, boys and girls, including who we are, what we're doing and what services are available	Members of the community, including those from diverse groups, understand the role of the organization and its work, including the level of assistance that is available
		Staff and partners use a range of communication methods, appropriate for the context and target audience, to share information
		Community members receive information so they understand what they can expect in terms of staff and partner behavior
Community Engagement	Community engagement is active and inclusive in all stages of the program cycle, and builds on and strengthens existing community and state structures, resources and capacities	Staff and partners are trained on and use a range of participatory techniques to ensure active inclusion of vulnerable groups
		Ongoing community dialogue takes place, as well as regular meetings with community members and diverse groups
		Programs build on existing strengths in the communities
Feedback Mechanisms	Men, women, boys and girls are able to provide feedback and report concerns in a safe, dignified and confidential manner, and receive an appropriate response when they do so	Communities are able to provide feedback and make complaints about the organization and its programs safely, privately and confidentially
		A fair and impartial response mechanism is in place to ensure follow up actions to feedback
		Safe, confidential information management systems for complaints are in place
Staff/Partner Conduct	Staff and partners have appropriate knowledge and organisational support to conduct themselves and their work in a safe, appropriate way	Staff and partners have signed and are trained on the organization's code of conduct and child/vulnerable adult protection (or safeguarding) policy
		Diversity exists among staff and partners, and can be easily identified by communities
		All staff and partners have clear roles and responsibilities, and are supervised
		All staff receive adequate staff care and can access additional support if required

ANNEX 2: Participants of Focused Group Discussions and Key Informant Interviews

Specific Assessment activities	Number of Participants based on age group	Location	Time/Date	Remarks
1. FGD – PUSAKA's Child Center Female Volunteers	7 participants: (26 – 35): 5 participants (35 – 45): 2 participants	IDP Camps – <u>Loli Saluran (Benawa, Donggala)</u> ;	07 November 2018	Participants are the PAUD (early-education) local teachers working in Child Centers managed by PUSAKA providing psychosocial support for affected children.
2. FGD with female headed households	6 participants: (26 – 35): 1 participant (55 +): 5 participants	<u>Omu Village, Kulawi Subdistrict, Sigi District</u>	08 November 2018	Participants are female heads of households, most of whom do not have adult son/grandchildren, living in temporary shelters next to their damaged houses. Most are smallholder farmers.
3. FGD with adult, married women	6 participants: (26 – 35): 2 participants (35 – 45): 1 participant (45 – 55): 3 participants	<u>Omu village, Kulawi Subdistrict, Sigi District</u>	08 November 2018	Participants are married, female smallholder farmers.
4. FGD with married women	8 participants: (19 – 25): 3 participants (26 – 35): 3 participants (35 – 45): 2 participants	<u>Loli, Sigi Biromaru Subdistrict, Sigi District</u>	09 November 2018	Participants are affected married women, some of whom own home-based business as secondary sources of income for their families.
5. FGD with volunteers of <u>Posko Ramah Perempuan</u>	(35 – 45): 4 participants	<u>Posko Ramah Perempuan, Masjid Agung IDP centers, Palu</u>	10 November 2018	The participants are KPKPST volunteers to receive feedback and reports from affected women. They make family visits to collect data on PSEA and SGBV.
6. FGD with Caritas Menado	Pastor <u>Angki, Romo Joy, Glenn</u>	<u>Paroki Santa Maria</u>	10 November 2018	
7. FGD with female-headed households	8 participants: (19 – 25): 1 participant (35 – 45): 1 participant (45 – 55): 3 participants (55 +): 3 participants	<u>Loli Pesua, Benawa, Donggala</u>	11 November 2018	Participants are affected married women displaced in IDP Centers, displaced on a hill, and those who stayed in temporary shelters next to their damaged houses.
8. FGD with girls	5 participants aged between 19 – 25 yrs	<u>Loli Pesua, Benawa, Donggala</u>	11 November 2018	Participants are unmarried girls, some of whom are displaced in IDP centers and other who are staying in temporary shelters next to their damaged houses.
9. FGD with married women	5 participants: (19 – 25): 1 participant (26 – 35): 1 participant (35 – 45): 3 participants	<u>Loli Pesua, Benawa, Donggala</u>	11 November 2018	Participants are affected married women, some displaced in IDP centers and some staying in temporary shelters next to their damaged houses.
10. FGD adult men	5 participants: (26 – 35): 4 participants (45 – 55): 1 participant	<u>Loli Pesua, Benawa, Donggala</u>	11 November 2018	Participants are affected married men, some displaced in IDP centers and some staying in temporary shelters next to their damaged houses.
11. FGD with women, including female headed households	10 participants	<u>Bolo, Dolo Barat, Sigi</u>	13 November 2018	Participants are women from families who will receive transitional shelters from CRS-MDMC. Bolo is the pilot area of MDMC for transitional shelter.
12. FGD mixed group men and women	6 male participants and 8 female participants, age varied from 20 up to 54 1 female head of HH aged 55+	<u>Tuva village, Kulawi Subdistrict, Sigi District</u>	14 November 2018	Participants who were affected only by earthquake. Some are displaced, some stay next to their damaged houses. Tuva is a potential pilot area for transitional shelters from CRS-PKPU.

ANNEX 3: Participants of Focused Group Discussions and Key Informant Interviews

Participants in Key Informant Interviews		
No.	Key informant	Institution/Community
1	2 Field Officers	PUSAKA
2	Operation Manager	MDMC
3	Female volunteer	<i>Pos, Tenda Ramah Perempuan</i> (Women Friendly Posts) in Masjid Agung IDP Center
4	Woman with disability, affected by earthquake	in Omu village, <u>Kulawi Subdistrict, Sigi District</u>
5	Female Head of a household	<u>Lolu Village, Sigi Biromaru Subdistrict, Sigi District</u>
6	Operation Manager	PKPU
7	Coordinator on training management	MDMC/ <u>Aisyiah-LLHPB</u>
8	Female with disability	<u>Lolu village, Sigi Biromaru Subdistrict, Sigi District</u>