

## GENDER ALERT #2

# CRITICAL GENDER AND PROTECTION NEEDS IN THE SUMATRA EMERGENCY

12 December 2025

## INTRODUCTION

As the emergency response to the floods and landslides in Aceh, North Sumatra, and West Sumatra progresses, prolonged and large-scale displacement continues to shape the humanitarian context. Evacuation and displacement sites—both temporary and semi-permanent—have become the primary living environments for hundreds of thousands of affected people, including women and girls, persons with disabilities, older persons, pregnant and lactating women.

Evidence from previous disaster responses in Indonesia i.e. Aceh (2004), Jogja (2010), Palu (2018), Cianjur (2022) demonstrates that displacement sites that are inadequately coordinated and managed without a gender-responsive approach significantly increase protection risks of affected communities. Overcrowded shelters, lack of privacy, insufficient lighting, unsafe or inaccessible WASH facilities, and institutional capacity constraints in the early phase of response contribute to heightened risks of gender-based violence (GBV), sexual exploitation and abuse, neglect, and exclusion—particularly for women, adolescent girls, and persons with intersecting vulnerabilities (conditions where a person faces more than one reinforcing risk, such as illness and poverty).

This second edition of the Gender Alert focuses on the **coordination and management of evacuation and displacement centres** through a gender, protection, and inclusion lens. It aims to provide government, cluster coordinator, civil society and relevant stakeholders a rapid overview of key risks, needs, and operational gaps in the current management of displacement sites, while highlighting the critical importance of safe, inclusive, and accountable site planning and governance.

Building on the evolving situation and the findings of the first Gender Alert, this edition presents priority considerations and immediate actions for government authorities, cluster coordinators, and humanitarian actors. The objective is to support displacement centres that do not merely offer physical shelter, but also actively safeguard dignity, safety, and rights—particularly for women and other at-risk populations—throughout the emergency response and early recovery phases.

Since the release of Gender Alert No. 1, developments have emerged regarding the humanitarian and impact response. Fatalities have risen to 969, with 525 individuals still reported missing and more than 5,000 injured (data per 11 December 2025). Among the 52 affected districts, Agam, North Aceh, Central Tapanuli, South Tapanuli, and Aceh Tamiang have recorded the highest number of deaths. To strengthen gender-responsive humanitarian assistance, recovery, and reconstruction and rehabilitation planning, UN Women and UNFPA, in collaboration with BNPB and Subnational Disaster Management Offices (BPBD)

in the three provinces, trained enumerators from Universitas Syiah Kuala (Aceh) and Universitas Sari Mutiara (North Sumatra) to collect Sex, Age, and Disability Disaggregated Data on the affected population [[SADDD data](#)], which is now being utilized by the Government-led WASH Sub-Cluster (supported by UNICEF) and other humanitarian actors for their interventions.

## SITUATION OVERVIEW

The disaster has caused extensive damage to housing and essential infrastructure. At least 158,000 houses have been damaged or destroyed, alongside more than 1,200 public facilities, including 219 health facilities, 581 schools, 434 places of worship, 290 government and office buildings, and 498 bridges. While the overall number of displaced people has begun to decline from a peak of over 1 million, as of 9 December an estimated 894,101 people remain displaced. Many families are now entering their second week of displacement, with prospects for safe return remaining limited due to ongoing power outages, damaged water systems, mud contamination, and structural instability of homes.

Displacement patterns are increasingly mixed and fluid. Thousands of women, men, girls, and boys continue to reside in evacuation centres such as schools, madrasahs, mosques, village halls, and other public buildings. At the same time, reports from humanitarian agencies indicate that some households have begun returning to their communities to construct makeshift shelters using salvaged materials such as used tarpaulins, metal sheets, and debris. These informal shelter solutions are often erected in unsafe or flood-prone areas and lack adequate protection, privacy, and access to basic services, raising concerns related to safety, health, and dignity—particularly for women, children, older persons, and persons with disabilities.

Two weeks after the disaster, communication services have gradually improved in most affected districts following the partial restoration of electricity and mobile networks. However, persistent



disruptions remain in several areas, including Central Aceh, Bener Meriah, Southeast Aceh, Gayo Lues, and Aceh Tamiang, where connectivity relies primarily on WiFi access. Given the high reliance on mobile phones among households in Aceh, North Sumatra, and West Sumatra, earlier disruptions to mobile networks, electricity, and device access significantly constrained people's ability to receive early warnings, access information on assistance, and communicate with service providers. These disruptions have heightened psychosocial distress, generated confusion, and delayed life-saving assistance.

While connectivity is improving, access to information remains uneven. Women, girls, older persons, persons with disabilities, Indigenous communities, and other marginalised groups may continue to face barriers in accessing or controlling mobile devices and digital information channels. As displacement persists and the risk of further flooding remains, the current situation underscores the urgent need for coordinated, inclusive, and gender-responsive management of evacuation and displacement sites—addressing both those who remain in collective centres and those living in informal or makeshift shelters during the transition toward early recovery.

Two weeks after the flood and landslide, communication services—particularly mobile networks—began returning to normal in most affected districts, supported by the restoration of power lines. IHCP Sitrep on Monday (8/12) reported areas with cellular interruptions but connected via WiFi are in five districts/cities, namely Central Aceh, Bener Meriah, Southeast Aceh, Gayo Lues, and Aceh Tamiang (although the primary connection currently uses WiFi Internet. Given the high reliance on mobile phones among households in Aceh (94.62%), North Sumatra (96.48%), and West Sumatra (96.36%)<sup>1</sup>, disruptions to mobile networks, internet services, electricity, or the physical loss of phones have left many people unable to communicate or access critical information, including early warnings, service updates, and aid distribution schedules.

As of Friday (December 12), the National Disaster Management Agency (BNPB) reported a significant decline in the number of displaced people over the past three days. Provisional data indicated a 44% decrease in North Aceh District, contributing to the overall reduction in internally displaced persons (IDPs) in Aceh Province—from 994,801 on Monday to 831,124.<sup>2</sup> A day earlier, nearly 1 million people (about 260,620 households) in Aceh were displaced across 1,976 locations. This figure was significantly higher than in the other two affected provinces: North Sumatra, where 42,207 people fled out of 1.5 million affected, and West Sumatra, where 17,934 people were sheltered in 114 collective

centers. Regular updates on the impact of Sumatra Senyar Cyclone are accessible from the [BNPB Dashboard](#).

The communication breakdown in several regions has heightened psychosocial distress, created confusion and uncertainty, and slowed the delivery of life-saving assistance. Once disaggregated data by gender, age, disability, and socioeconomic status becomes available, the high overall mobile phone ownership rates will enable a more accurate analysis of which groups were most affected by the disruption and whether access to information and connectivity was equitably distributed. Women, girls, older persons, persons with disabilities, Indigenous communities, and other marginalized groups may still face significant barriers to using or controlling mobile devices. As a result, communication disruptions likely create disproportionate risks for those already facing structural inequalities in accessing information, mobility, and assistance.

As the central and subnational government continue to delivering humanitarian aid, the current priorities are on improving services for disaster victims and IDPs, ensuring compensation, maintaining logistics, initiating rehabilitation and temporary housing, constructing permanent homes in safe areas, and access, protection, or camp management as security-led responses, with BNPB coordinating multi-agency disaster response.

## NEEDS ANALYSIS

A critical priority is the provision of gender-responsive support. This includes personal hygiene supplies tailored for women and adolescent girls, menstrual health items, and contraceptives and related medications, ensuring that female IDPs can maintain dignity, privacy, and reproductive health during displacement.

According to IHCP's Sitrep on Tuesday (9/12), clean water networks across multiple districts and cities remain severely disrupted, affecting both displaced and non-displaced populations. Piped water systems are either operating intermittently or not functioning at all, while flooding has contaminated wells and surface water sources, heightening the risk of waterborne diseases.

These challenges are compounded by widespread electricity outages, which hinder pumping operations by PDAM, the state-owned water services company, and delay the restoration of a safe and reliable water supply. Although PDAM has distributed water tanks to ease scarcity, limited road access and insufficient capacity have left significant gaps in meeting urgent needs for drinking, cooking, hygiene, and health facilities. The shortage also hampers efforts to clear mud and debris from affected homes, prolonging unsafe living conditions for households. In this situation, women and girls bear the primary responsibility for water collection and household hygiene. As water networks fail, their unpaid care burden intensifies, forcing them to travel longer distances—leading to exhaustion, stress, and heightened exposure to protection risks. The disruption has also disproportionately affected people with limited mobility, including persons with disabilities, older persons, and pregnant women, who must endure long queues, distant water points, and inaccessible distribution sites, further restricting safe access.

The Provincial Health Office of North Sumatra reported on Sunday (7/12) that flood-affected districts, particularly Langkat and Deli Serdang, are facing a surge in morbidity. Local health offices have documented rising cases of water-borne and communicable diseases, including diarrhoea, typhoid, leptospirosis, influenza-like illness (ILI), scabies, and acute respiratory infections (ISPA). Infection rates appear higher among women, likely linked to caregiving responsibilities, greater exposure in overcrowded shelters, and unequal access to health services.

<sup>1</sup> Percentage of Households that Own/Control Mobile Phones by Province and Regional Classification. National Statistics Office. 2024. <https://www.bps.go.id/id/statistics-table/2/M7kxIzI=/persentase-rumah-tangga-yang-memiliki-menguasai-telepon-seluler-menurut-provinsi-dan-klasifikasi-daerah.html>

<sup>2</sup> Number of Refugees Due to Hydrometeorological Disasters in Aceh Declines Significantly. BNPB. <https://www.bnpb.go.id/berita/jumlah-pengungsi-akibat-bencana-hidrometeorologi-di-aceh-menurun-signifikan>



Overcrowding, poor hygiene and sanitation, and limited access to clean water after the flood have created conditions ripe for outbreaks, which risk escalating rapidly if not addressed through timely interventions. Meanwhile, health system capacity in the affected provinces is shrinking due to damaged facilities and overwhelming demand for medical services.

Various reports indicate that displaced populations continue to face urgent and wide-ranging needs, requiring assistance that addresses both general requirements and specific vulnerabilities. Although humanitarian aid has begun to reach more remote locations, the scale and diversity of needs at displacement sites—especially among women, children, older persons, and persons with disabilities—remain significant and require sustained, well-coordinated support.

Health-related needs are significant, requiring basic medicines, malaria prophylaxis, tetanus vaccines, and emergency health services. Families with young children need toddler equipment, while affected communities also require worship materials, lamps or lanterns, and sufficient refugee tents.

## GAPS AND PRIORITIES

Disasters create different impacts across individuals and groups, with specific needs requiring urgent attention.

- While ready-to-eat food is now available in most government-led displacement centers, **several immediate priorities still require urgent attention**. These include ensuring sufficient food supplies, with a particular focus on baby food and adequate nutrition for infants and toddlers, alongside reliable access to safe drinking water and clean water for daily use. Displaced families, especially those in self-settled camps and collective centers also continue to require essential non-food items such as blankets, mattresses, tarpaulins, family kits, and hygiene kits, which are critical for maintaining health, dignity, and basic living conditions in prolonged displacement.
- **Access to specialized medical care, including reproductive health is critical**: pregnant and lactating women, patients requiring chronic treatment (such as dialysis, insulin, or antiretroviral therapy for HIV/AIDS), and those dependent on routine medication face life-threatening gaps when transport routes, supply chains, and health facilities are disrupted. Therefore, urgent support is required, including the deployment of additional paramedics and medical supplies. Priority medical assistance is especially needed for vulnerable patients requiring immediate care, such as pregnant women and individuals dependent on dialysis.
- Crucially, **access to Gender-Based Violence (GBV) health sector response and its safe referral pathways is essential**, especially for women and girls. Disruption of services and displacement often heighten the risk of sexual violence and exploitation; therefore, specialized clinical care for sexual assault survivors (including Post-Exposure Prophylaxis for HIV and emergency contraception) must be immediately available through trained personnel and confidential referral mechanisms that respect survivor safety and privacy.
- Clean water scarcity and disruptions to PDAM services jeopardize infection prevention and control (IPC), safe deliveries, sterilization, dialysis, and maternal and newborn care. **Immediate restoration of the water supply to health facilities** is critical. Given the high public health risks, urgent measures are needed to strengthen hygiene promotion,



Posko Dayah Babul Muta'alimin Al Munawarah, Beusa Seberang Village, Aceh Timur, Aceh Province. Source: Dashboard Pendataan Pengungsi Terpilah: Bencana Banjir Bandang dan Tanah Longsor Sumatera 2025.

support Menstrual Health Management (MHM) with female staff presence, and accelerate the installation of accessible water points and latrines that are sex-segregated and well-lit.

- Although **psychosocial first aid** has been initiated for both adults and children in some collective centres, overall needs remain far greater than available support. Many affected individuals, including Indigenous women, caregivers, elderly persons, and those who have lost homes or livelihoods, are experiencing acute stress, grief, and trauma. To ensure inclusive and culturally sensitive outreach, response teams must include both male and female personnel, who can safely engage with all community members. The presence of staff familiar with local languages, Indigenous customs, and community structures is essential to build trust, reduce stigma, and ensure that protection, health, and psychosocial services are accessible to everyone—especially women, girls, and marginalized groups.
- **Indigenous peoples** in Aceh, North Sumatra, and West Sumatra face **overlapping vulnerabilities as disasters compound long-term ecological degradation**. Reliance on forests, rivers, and natural ecosystems makes the loss of forest cover and environmental functions especially devastating, disrupting food, clean water, shelter materials, and livelihoods. Many Indigenous communities, such as Tano Batak, remain in ancestral territories rather than formal displacement/collective centers, requiring humanitarian assistance to be proactively delivered to their settlements to avoid exclusion from camp-based aid systems. Repeated flooding and landslides are eroding resilience, collapsing traditional livelihoods and heightening risks of food insecurity, unsafe water, illness, and economic marginalization. Women and girls in Indigenous communities face additional barriers to assistance, healthcare, information, and safe mobility, further amplifying gender inequality in crisis settings.
- Many displaced people remain in flood-free areas, taking shelter in public buildings such as schools, madrasahs, village halls, and mosques. Now entering the second week of displacement, most internally displaced persons (IDPs) are unlikely to return home soon, as prolonged power outages and the absence of clean water—especially with household wells still filled with mud—render their places of origin uninhabitable. The repurposing of these facilities as collective centres also **temporarily disrupts essential public services**. For children in particular, the use of schools as displacement sites interrupts education and daily routines, reduces safe spaces for learning and play, and heightens protection risks, potentially leading to long-term learning loss. Therefore, **ensuring continuity of public services, establishing child-friendly spaces, and gradually resuming education should be prioritized as conditions permit**.

# RECOMMENDATION FOR IMMEDIATE ACTIONS: SAFE AND INCLUSIVE DISPLACEMENT CENTRE

Safe and inclusive collective centers are essential for protecting the health and dignity of the displaced population. When shelters become overcrowded and lack adequate sanitation or reliable access to safe water, the risk of communicable diseases, such as diarrhoea, typhoid, respiratory infections, and skin diseases, escalates rapidly. These conditions disproportionately endanger women, children, older persons, and persons with disabilities, who already face structural barriers to accessing services and moving safely within crowded environments.

Without immediate improvements in collective centers, overstretched health systems will struggle to manage rising caseloads, leading to preventable illnesses and deaths, heightened psychosocial distress, and significantly prolonged recovery for the affected population.

## RECOMMENDATIONS FOR IMMEDIATE ACTION

### Safe and Inclusive Displacement and Evacuation Camps

#### 1. Inclusive Governance and Coordination of Displacement Sites

- Establish camp management committees with at least 50% women holding meaningful decision-making roles, including representation of Indigenous communities, persons with disabilities, single women, adolescent girls, and older women.
- Recruit and deploy female camp managers and frontline staff to improve safe access, communication, and reporting for women and girls.
- Align site-level governance with local government leadership and Camp Coordination and Camp Management (CCCM) mechanisms to ensure clear roles, accountability, and coordination across sectors.
- Set up clear, accessible, and confidential feedback and complaints mechanisms, including dedicated channels for gender-based violence (GBV), Prevention of Sexual Exploitation and Abuse (PSEA), and other protection concerns.

#### 2. Safe, Accessible, and Gender-Responsive Site Design

- Ensure site layouts reduce protection risks through adequate lighting, clear visibility, and avoidance of isolated or poorly monitored areas.
- Provide privacy and safe sleeping arrangements, including partitions for families and designated spaces for women, girls, and female-headed households where needed and appropriate.
- Design infrastructure to be accessible for persons with disabilities, older persons, and pregnant women, including ramps, handrails, non-slip pathways, and proximity to essential services.
- Conduct regular safety audits with women, adolescent girls, persons with disabilities, and other at-risk groups to identify and address emerging risks.

#### 3. Safe, Dignified, and Inclusive WASH Services

- Provide sex-segregated, well-lit, lockable latrines and bathing facilities with adequate privacy and security.
- Integrate menstrual hygiene management (MHM) into WASH services, including access to dignity kits, water, and culturally appropriate disposal systems.
- Ensure WASH facilities are accessible and safely located within reasonable distance from shelters to reduce risks for women and girls responsible for water collection.
- Assign clear responsibility for regular maintenance, cleaning, and monitoring of WASH facilities.

#### 4. Equitable and Safe Access to Assistance and Distributions

- Conduct relief distributions at predictable times, avoiding night-time, and ensure orderly crowd management.
- Design distribution points to be accessible to older persons, persons with disabilities, pregnant women, and caregivers, with priority queues where appropriate.
- Ensure women, including female-headed households, are independently registered and able to access assistance.
- Include dignity kits and gender-responsive non-food items as part of standard relief packages.
- Integrate feedback and complaints mechanisms at distribution sites to report exclusion, misconduct, or safety concerns.

#### 5. Access to Essential Health and Psychosocial Services

- Ensure availability of women-friendly health services, including sexual and reproductive health (SRH), maternal and newborn care, and mental health and psychosocial support (MHPSS), with female staff available.
- Ensure the availability of GBV health sector response and its referral
- Establish and communicate clear referral pathways between camp-based services and external health facilities, including emergency referrals.
- Deploy mobile health and MHPSS services to reach people in informal or makeshift shelters outside formal camps.
- Ensure services are delivered in private, safe, and confidential settings.

#### 6. Protection from Violence, Exploitation, and Abuse



Posko Induk Padang Genting, Padang Genting Village, Batu Bara, North Sumatera Province. Source: Dashboard Pendataan Pengungsi Terpilah: Bencana Banjir Bandang dan Tanah Longsor Sumatera 2025.

## IASC FRAMEWORK ON DURABLE SOLUTIONS FOR INTERNALLY DISPLACED PERSONS (IDP)

This states that durable solution are: “achieved when IDPs no longer have specific assistance and protection needs that are linked to their displacement, and such persons can enjoy their human rights without discrimination resulting from their displacement” (IASC, 2010). Resolution of the immediate cause of displacement is usually not sufficient to create a durable solution. For example, when a camp is closing and IDPs are not registered to receive assistance, it does not necessarily mean they have found a durable solution.

The framework introduces eight criteria to help determine where a durable solution has been achieved:

- long term safety and security
- adequate standard of living
- access to livelihoods
- restoration of housing, land and property
- access to documentation
- family reunification
- participation in public affairs
- access to effective remedies and justice

- Mainstream GBV risk mitigation across all camp services, including shelter, WASH, distributions, and site management.
- Ensure all responses adhere to survivor-centred principles—confidentiality, safety, informed consent, and non-discrimination.
- Display clear PSEA information and ensure confidential reporting and referral pathways are accessible in appropriate languages and formats.
- Partner with women-led organizations (WLOs) to support outreach, survivor-centred services, and community monitoring.

## 7. Communication, Information Access, and Meaningful Participation

- Share key information through multiple, accessible formats, including visual materials, audio messages, community announcements, and mobile communication where available.
- Use female outreach workers and community focal points to reach women and girls facing mobility, cultural, or safety barriers.
- Ensure communication systems support two-way engagement, enabling communities to ask questions and raise concerns safely.
- Regularly assess who is not being reached by existing channels and adapt communication strategies accordingly.

## 8. Monitoring, Gender Analysis, and Support for Protracted and Informal Displacement

- Monitor displacement conditions using sex-, age-, and disability-disaggregated data (SADDD) and use findings to inform real-time adjustments in camp management and service delivery.
- Conduct rapid and periodic gender analyses to identify evolving risks, particularly in protracted or recurrent displacement.
- Engage women, WLOs, and marginalised groups in site monitoring, safety audits, and feedback loops.
- Identify and map households in informal or makeshift shelters, extending protection, information, and essential services to prevent exclusion during early recovery transitions.

## 9. Ensure dignity, cultural appropriateness, and social cohesion

- Provide safe, culturally appropriate spaces for women, adolescent girls, and caregivers (women-friendly spaces).
- Facilitate inclusive community activities that promote safety, psychosocial wellbeing, and agency.

## 10. Strengthen coordination and linkages with local actors

- Coordinate with GiHA, Protection, GBV, WASH, Shelter, Health clusters.
- Involve local women-led and community-based organizations in camp planning, service provision, and monitoring.
- Ensure humanitarian partners are trained in gender equality, GBV risk mitigation, disability inclusion, and PSEA.

## 11. Capacity building and ethical care health personnel (doctors, nurses, and midwives working in displacement centers and mobile teams)

- Survivor-Centered Approach: Prioritizing the survivor's safety, dignity, and wishes.
- Supportive Communication (LIVES): Listen, Inquire about needs, Validate, Enhance safety, Support decision-making.
- Confidentiality and Data Protection: Strict adherence to ethical principles, especially regarding non-disclosure and the use of the GBV Information Management System (GBVIMS), where applicable.

## What are Gender Alerts?

This Gender Alert aims to provide a rapid and targeted overview of the most pressing women's protection issues in the current crisis by providing information on:

1. Specific risks and impacts experienced specifically by women, girls/adolescent girls, persons with disabilities, pregnant and lactating women, older women, and other marginalized groups
2. Recommendations on priority actions for humanitarian actors, government, and civil society partners—especially cluster coordinators and their members—to ensure that the response is inclusive, accountable, and safe



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