

## GENDER ALERT #1

# CRITICAL GENDER AND PROTECTION NEEDS IN THE SUMATRA EMERGENCY

6 December 2025

## INTRODUCTION

Severe flooding and landslides across Aceh, North Sumatra, and West Sumatra from late November to early December 2025 have triggered one of Indonesia's most extensive humanitarian emergencies in recent years. According to the latest updates (December 5th 2025) from the National Agency for Disaster Management (BNPB), at least 846 people have died, more than 547 remain missing, 2,700 injured and over 290,000 people have been displaced, with 3.3 million people affected across 51 districts and municipalities<sup>1</sup>. The scale, speed, and geographic spread of the disaster have placed women, girls, persons with disabilities, older persons, and other at-risk groups at heightened risk of harm, exclusion, and protection threats.

Evidence from past disasters and early field reports indicate that gender inequalities—combined with intersecting vulnerabilities such as disability, age, and socio-economic status—significantly shape people's ability to evacuate, access assistance, and recover. Past disasters have evidently shown that disruptions to essential services, overcrowded evacuation shelters, damaged infrastructure, and limited access to health care and protection services further exacerbate risks of gender-based violence (GBV), exploitation, and neglect.

This Gender Alert aims to provide a rapid, targeted overview of the most urgent gender and protection concerns emerging from the crisis. It highlights the specific risks and gendered impacts faced by women, girls/adolescent girls, persons with disabilities, pregnant and lactating women, older women, and marginalized groups. The Alert presents identification of operational barriers that disproportionately affect vulnerable groups due to intersecting vulnerabilities. Taking into account the progressive analysis of the situation, the Gender Alert also offers recommendations of priority actions for humanitarian actors, government agencies, and civil society partners, especially cluster leads and its responding members, to ensure that the response is conducted in inclusive, accountable and safe manners, grounded in the differing needs of the affected communities beyond the life-saving purposes.

## SITUATION OVERVIEW

One week after the disaster, the Government of Indonesia has undertaken several key emergency response measures. First, the President of the Republic of Indonesia instructed all ministries and national agencies to prioritize the emergency response and ensured the mobilization of national resources—

## DISASTER IMPACTS AND EMERGENCY RESPONSE CHALLENGES

- 846 people died, 547 people remain missing, 2,700 were injured, and more than 290,000 were displaced, with a total of 3.3 million people affected across 51 districts/cities.
- Challenges in the Sumatra disaster response to protecting vulnerable groups:
  1. Severe damage to main road access, including the Trans-Sumatra Highway, has isolated several areas, significantly slowing the delivery of aid and lifesaving efforts.
  2. Limited electricity access, as well as disruptions to cellular and internet networks, further exacerbated the isolation of survivors and victims from access to basic needs.
  3. The scale and geographic extent of the disaster also placed significant pressure on available resources, requiring significant logistical, human, and operational capacity to reach the affected population.
  4. Rapid assessment of the affected population was hampered by limited collection of disaggregated data by sex, age, and disability (SADD), which limited the ability of respondents to identify and prioritize the needs of vulnerable groups.

including logistics and funding—to support affected provinces<sup>2</sup>. Second, the Government activated the Logistics Cluster under the coordination of the Coordinating Ministry of Human Development and Culture (Kemenko PMK) to streamline relief operations. Third, emergency actions over the past week have concentrated on search and rescue, the distribution of essential aid, and the restoration of transportation and communication access. Government and non-government actors have rapidly intensified coordination. This includes engagement through national cluster mechanisms, such as the Sub-Cluster on Prevention and Response to Gender-Based Violence (GBV) led jointly by the Ministry of Women's Empowerment and Child Protection and UNFPA, as well as the Indonesia Humanitarian Coordination Platform (IHCP), the primary multi-stakeholder forum supporting preparedness, emergency response, and early

<sup>1</sup> Dashboard Emergency Response Flood and Landslides in Aceh, North Sumatra, West Sumatra, <https://gis.bnpb.go.id/BANSORSUMATERA2025/>

<sup>2</sup> Menko PMK: Presiden Instruksikan Bencana Sumatra Diperlakukan Sebagai Prioritas Nasional. <https://www.kompas.tv/nasional/635072/menko-pmk-presiden-instruksikan-bencana-sumatra-diperlakukan-sebagai-prioritas-nasional>

recovery efforts. The GBV sub-cluster has identified numbers for GBV reports and services in the affected areas. The information can be accessed at this link: [https://bit.ly/KIE\\_pencegahan\\_penanganan\\_KBGSumatera](https://bit.ly/KIE_pencegahan_penanganan_KBGSumatera)

Throughout the emergency response, several critical challenges have emerged. Severe damage to major access roads, the Trans Sumatra road, has left multiple areas isolated, significantly slowing the delivery of life-saving assistance to those who most urgently need it, and cutting off supply chains and people’s movement. Unstable electricity as well as cellular and internet connection has left most survivors and victims even more isolated and unable to access the most basic subsistence. The scale and geographic spread of the disaster have also placed substantial pressure on available resources, requiring extensive logistics, personnel, and operational capacity to reach affected populations. In addition, rapid assessments of the affected population have been hindered by challenges in the collection of Sex-, Age-, and Disability-disaggregated Data (SADDD), limiting responders’ ability to identify and prioritize the needs of vulnerable groups.

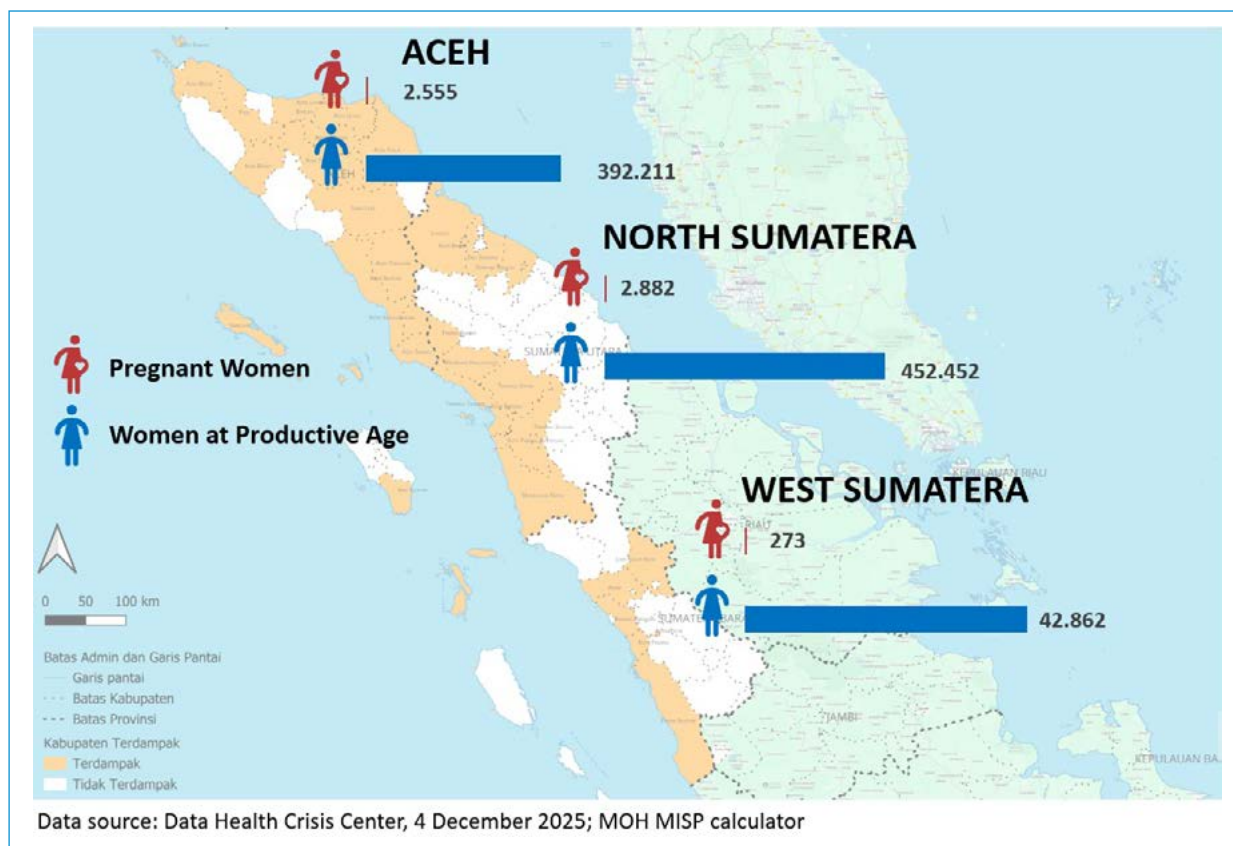
## NEEDS ANALYSIS

**The lack of availability of Sex-, Age- and Disability-disaggregated Data (SADDD)** in the ongoing needs assessment has made it challenging to effectively and appropriately respond to different needs of the affected community. As of reporting date, specific needs of women, children, expecting mothers, persons with disability, and individuals with special needs, have not been effectively responded to due to unavailability of disaggregated data to identify what, where, and how much of these specific needs.

National authorities are advancing several coordinated initiatives to strengthen the evidence base for improving the response plan. To fill the gap, the National Agency for Disaster Management (BNPB) and the Ministry of Women Empowerment and Child Protection (KemenPPPA), with the support of UN Women and UNFPA, are preparing rapid assessments that incorporate SADDD and GBV risk assessment safety audits to identify differentiated needs, protection risks, and service gaps affecting women, children, older persons, and persons with disabilities.

In response to the absence of complete disaggregated data, preliminary estimations of the affected population across the three provinces has been generated using the Ministry of Health’s *Calculator of Estimated Minimum Service for Affected Population and Vulnerable Groups*<sup>3</sup>. Developed in partnership between Ministry of Health and UNFPA, the estimation below utilizes BNPB’s official figures reported on the Emergency Dashboards of Sumatra Response<sup>4</sup> as its primary data source. The estimation provides an interim projection of population needs. These provisional estimates offer critical guidance for early response planning and the prioritization of essential services for vulnerable groups while comprehensive assessments are still underway.

Evidence from past emergencies in Indonesia, including the 2004 Aceh tsunami, demonstrates that women and children experience disproportionate impacts during disasters. BNPB (2019) reports that 60–70 percent of disaster survivors are women, and women and children face mortality rates up to 14 times higher than men. These patterns reaffirm that disasters are not gender neutral. Within the current emergency response in Sumatra, emerging data and reports from the field indicate critical impacts on women, and at risk populations that require urgent action:



<sup>3</sup> Dasbor Respons Darurat Banjir dan Tanah Longsor di Aceh, Sumatera Utara, dan Sumatera Barat <https://gis.bnpb.go.id/BANSORSUMATERA2025/>

<sup>4</sup> Daftar Lengkap 266 Wilayah Terisolir di Aceh, Sumbar, Sumut akibat Banjir, Tanah Longsor, <https://www.tribunnews.com/regional/7762571/daftar-lengkap-266-wilayah-terisolir-di-aceh-sumbar-sumut-akibat-banjir-tanah-longsor>

# GAPS AND PRIORITIES IN EMERGENCIES

## 1. Access to Basic Needs and Specific Needs

Current logistical constraints—including damaged transport routes, disrupted supply chains, and limited access to remote locations—have significantly hindered the delivery of essential services. As of 3 December 2025, BNPB reported 266 isolated areas across Aceh, North Sumatra, and West Sumatra<sup>5</sup>. Disrupted access, especially in remote or isolated villages, means many vulnerable people may still be unreachable, delaying life-saving assistance, health care, maternal and child services, protection, and psychosocial support.

The initial humanitarian assistance that heavily focused on food and basic non-food items, has not responded to specific needs of vulnerable groups such as pregnant women, lactating mothers, and persons needing special medical assistance. As the distribution of Government assistance, comprised of 500,000 tons of relief supplies, food, medicines, tents, and blankets. Communities in these locations face severe limitations in accessing basic necessities such as food, clean water, safe sanitation facilities, menstrual hygiene supplies, and reproductive health services. The initial humanitarian assistance that heavily focused on food and basic non-food items, has not responded to specific needs of vulnerable groups such as pregnant women, lactating mothers, and persons needing special medical assistance. As the Government assistance comprised of 500 tons of relief supplies, food, medicines, tents, and blankets<sup>6</sup>, has been underway, the provision of gender-responsive non-food items, including menstrual hygiene materials and reproductive health commodities has not been accounted for. While life-saving assistance is needed, failing to immediately provision these specific needs will put the vulnerable groups at greater health risks. With limited access to basic supplies and humanitarian assistance, vulnerable and marginalised groups are at heightened risk of being left behind. .

## 2. Gender-Based Violence (GBV) in Emergency Shelter

Data from BNPB recorded that 2,144,200 people are displaced because of the disaster<sup>7</sup>. During the coordination meetings of the Sub-Cluster for Prevention and Response to GBV, all three provincial governments reported that displaced populations are staying in temporary shelters where women, men, and families are accommodated without adequate safe space, particularly needed for privacy such as women, adolescent girls, and lactating mothers. These conditions significantly increase the risk of GBV, which includes any harmful act (physical, sexual, emotional) perpetrated against a person's will that is based on socially ascribed gender differences between males and females<sup>8</sup>. Noting that GBV in the disaster context has manifested in various forms, failing to provision protection to vulnerable groups will increase their risks and exposure to domestic violence, sexual violence, sexual exploitation and abuse, child and forced marriage, and trafficking.

## 3. Other Sectoral Needs

As the Needs Assessment continues and more information is being collected on the ground—and with increasingly available disaggregated data—further gender analysis of the impacts, needs, and response recommendations for Sumatera Flood response will be incorporated into the next edition of the Gender Alert that will be issued next week.

## 1. Making the Disaggregated Data and 3W (Who Does What, Where) response map available to inform the overall humanitarian response inclusive, targeted, and effective

Sex-, Age- and Disability-disaggregated Data (SADDD) provide a foundational evidence base for understanding the differentiated needs and risks experienced by affected populations during humanitarian emergencies. In crisis contexts, SADDD is essential for identifying vulnerable groups, informing targeted and gender-responsive interventions, and ensuring that humanitarian assistance is inclusive and equitable. Robust SADDD enables stronger advocacy on priority issues—including GBV prevention, protection services, and the meaningful engagement of women-led organizations in emergency response. As such, SADD is an indispensable tool for reducing gender gaps and improving the effectiveness and accountability of humanitarian action.

BNPB has developed an Emergency Operations Dashboard for the Sumatra response; however, the platform does not yet incorporate disaggregated data, as ongoing assessments—including the safety audit and Rapid Gender Assessment—that will be conducted soon. BNPB, with support from UN Women and UNFPA, has previously documented best practices for SADDD utilization across four major emergencies: the 2021–2022 Semeru volcanic eruption, the 2022 West Pasaman earthquake, the 2022 Cianjur earthquake, and the 2024 Lewotobi Laki-Laki volcanic eruption. These experiences provide practical guidance for strengthening SADDD integration in the current Sumatra response. Building on these lessons, the integration of SADDD into the BNPB Emergency Operations Dashboard for Sumatra will be undertaken by BNPB in partnership with UN Women and UNFPA.

Key recommendations from the recent reports include:

- Ensuring sex- and age-disaggregated data (SADDD) is collected consistently at village, district, and provincial levels to guide targeting
- Leveraging cost-effective digital tools—such as KoboCollect and Google Forms—to facilitate timely and efficient data collection and analysis;
- Streamlining survey questions and variables to improve data reliability while minimizing the burden on field teams; and
- Ensuring adequate numbers of trained enumerators to provide consistent coverage across evacuation sites and maintain data quality during emergency operations (BNPB, 2025)

This strengthened SADDD framework will enhance evidence-based decision-making and enable a more responsive, inclusive, and gender-sensitive humanitarian response in Sumatra.

## 2. Establishing Safe Spaces for GBV Prevention

In preventing the increasing risk of gender-based violence, particularly in poorly established displacement centers due to limitation of space and infrastructure on the ground, **proactive measures to reduce exposure to risk as well as strengthen community awareness of protection mechanisms needs to be in place immediately**. Safe spaces for women and girls play a central role in these efforts, serving as protective and confidential environments where they can access information, psychosocial support, and participate in empowerment activities. However, the current availability of such spaces remains limited,

5 Daftar Lengkap 266 Wilayah Terisolir di Aceh, Sumbang, Sumut akibat Banjir, Tanah Longsor, <https://www.tribunnews.com/regional/7762571/daftar-lengkap-266-wilayah-terisolir-di-aceh-sumbar-sumut-akibat-banjir-tanah-longsor>

6 Pemerintah Pacu Pemulihan Sumatra: Listrik, Telekomunikasi, dan Logistik Diperbaiki dalam Waktu Singkat, <https://setkab.go.id/percepatan-distribusi-bantuan-bencana-sumatra/>

7 BNPB Catat Pengungsi Bencana Sumatera Lebih dari 2,1 Juta Jiwa, Terbanyak di Aceh, <https://aceh.inews.id/berita/bnpb-catat-pengungsi-bencana-sumatera-lebih-dari-21-juta-jiwa-terbanyak-di-aceh>

8 Women's Freedom of Violence, <https://wrd.unwomen.org/practice/topics/freedom-violence>

constraining the capacity to provide comprehensive services. Scaling up survivor-centred GBV prevention and response services is therefore urgently needed. This includes ensuring access to clinical management, reproductive health services, case management, mental health and psychosocial support, and material assistance such as dignity kits<sup>9</sup>.

## RECOMMENDATION FOR IMMEDIATE ACTIONS

As the needs assessment and first-phase emergency life-saving response continue, initial situational analysis has already identified urgent actions needed to ensure a gender-responsive humanitarian response. Additional analysis from the ongoing assessment will be incorporated into the next Gender Alert to further detail priority needs and outline recommended approaches on how, where, and to whom humanitarian assistance should be delivered.

### 1. Strengthen Gender-Responsive Evacuation, Relief, and Targeting

- Ensure that prioritization measures are in place for vulnerable individuals and households, as the blanket distribution of initial life-saving non-food items is underway, it is essential. Those with pregnant or lactating women, adolescent girls, older persons, persons with disabilities, and female-headed households—both in evacuation sites and during aid distribution—must be prioritized, and their specific needs must be adequately addressed.
- Target and identify the needs of women and girls from remote areas (including mountainous and coastal areas) as various assessment teams and humanitarian responders are deployed on the ground. The geographical conditions (face compounded exclusion due to limited services, communication blackouts, and weak referral pathways) will increase risks to food security, health, and further isolation.
- Start mapping and deliver specific needs of vulnerable and at-risk groups such as dignity kits, menstrual hygiene materials, infant nutrition supplies, and assistive devices as part of the first-line response. .

### 2. Restore and Safeguard Essential Health, Protection, and GBV Services

- Deploy mobile health and protection teams to ensure access to maternal health services, newborn care, disability-inclusive support, and psychosocial assistance. Ensuring these services reach remote areas and high-need locations, including displacement centers and clusters of temporary shelters, will help reduce short-term increases in GBV risks and prevent long-term health and protection impacts.
- Reactivate or establish safe referral pathways for Gender-Based Violence (GBV), including confidential reporting mechanisms in shelters. Strengthen confidential GBV reporting mechanisms and ensure referral services are functional in all shelters will need to be established as soon as possible.
- Ensure lighting, privacy partitions, separate water, sanitation, and hygiene (WASH) facilities, and safe sleeping arrangements in shelters.
- Ensure sexual and reproductive health (SRH) and antenatal

care (ANC) services are restored quickly with a focus on outreach for pregnant and lactating women.

- Deploy specialized protection personnel to identify and support marginalized groups. .

### 3. Ensure WASH, Shelter, and Evacuation Centres Are Gender- and Disability-Inclusive

- Design temporary shelters and communal spaces to reflect women's and caregivers' needs, including safe bathing/laundry areas and breastfeeding corners.
- Provide accessible WASH facilities (ramps, handrails, adapted latrines) and ensure water availability for menstrual hygiene and infant care.
- Involve women's groups and persons with disabilities in site planning, shelter management, and feedback mechanisms.

### 4. Strengthen Humanitarian Coordination and Accountability to Affected People (AAP)

- Integrate gender specialists into provincial/district Emergency Operation Centers and cluster meetings for rapid decision-making.
- Establish real-time feedback mechanisms (WhatsApp lines, help desks, community focal points) accessible to women, girls, and people with disabilities.
- Ensure transparent communication about assistance entitlements to reduce exclusion and exploitation risks..

### 5. Address Barriers to Livelihoods, Food Security, and Recovery

- Provide cash assistance tailored to women-headed households, informal workers, caregivers, and people with disabilities.
- Support early recovery activities (microbusiness restart, home-based livelihoods, agricultural inputs) with a gender-responsive and disability-inclusive approach.
- Ensure food distributions include nutritionally appropriate supplies for infants, pregnant/lactating mothers, and older persons. .

### 6. Prevent and Respond to Protection Risks, Including Sexual Exploitation, Abuse and Sexual Harassment (SEA/SH)

- Train all responders (government, military, volunteers, NGOs) on Protection from Sexual Exploitation and Abuse (PSEA).
- Provide information, education, and communications (IEC) materials on the Do's and Don'ts of volunteers/humanitarian workers in affected public spaces.
- Display clear PSEA reporting channels in shelters and distribution points.
- Ensure that women responders and protection staff are deployed to enable safe disclosure.

<sup>9</sup> Gender Alert #2 'No Excuse: Calling for An End to Gender Based Violence in Sudan', <https://www.unwomen.org/en/digital-library/publications/2024/12/gender-alert-no-excuse-calling-for-an-end-to-gender-based-violence-in-sudan>

## 7. Promote Women's Leadership and Community Participation

- Engage women's groups, organizations of person with disability (OPDs), youth groups, and local health cadres in shelter management, assessments, and recovery planning.
- Recognize and support community-based protection mechanisms led by women, including those mobilizing informal care networks.
- Allocate ring-fenced, flexible micro-grants for Women-Led Organisations (WLOs) and /Women Right Organisations (WROs) to conduct protection outreach and SRH mobile services.
- Designate formal seats on meeting and decision making platforms for WLO/WRO representatives in provincial/district EOCs and Cluster coordination meetings to promote women's leadership and community participation.

## 8. Integrate Gender Considerations into Anticipatory Actions and Early Recovery Planning

- Document lessons from early warning gaps and integrate anticipatory action protocols that reflect gendered mobility and caregiving constraints.
- Prioritize gender-inclusive disaster recovery planning to avoid rebuilding previous inequalities into new systems and infrastructure.

## 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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