

THE RESPONSIBILITY TO PREVENT AND RESPOND TO SEXUAL AND GENDER-BASED VIOLENCE IN DISASTERS AND CRISES

Research results of sexual and gender-based violence (SGBV) prevention and response before, during and after disasters in Indonesia, Lao PDR and the Philippines



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Abbreviations



AADMER	ASEAN Agreement on Disaster Management and Emergency Response
ACDM	ASEAN Committee on Disaster Management
ACW	ASEAN Committee on Women
ACWC	ASEAN Commission on the Promotion and Protection of the Rights of Women and Children
AICHR	ASEAN Intergovernmental Commission on Human Rights
AMS	ASEAN Member State
AOR	Area of Responsibility
ASEAN	Association for Southeast Asian Nations
BKBPP	Badan Keluarga Berencana dan Pemberdayaan Perempuan
CBHFA	Community-based health and first aid
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DBM	Department of Budget and Management
DDMCC	Department of Disaster Management and Climate Change
DMA	Disaster Management Agency
DOJ	Department of Justice
DREFS	Disaster Relief Emergency Funds
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
DRRM	Disaster Risk Reduction Management
DSWD	Department of Social Welfare and Development
EPOA	Emergency Plans of Action
ERU	Emergency Response Units
EVAW	Elimination of Violence against Women
FGD	Focus group discussions
GAA	General Appropriations Act
GAD	Gender and development
GAM	Free Aceh Movement



IDP	Internally Displaced Person
INGO	International Nongovernmental Organisation
IRC	International Rescue Committee
IACAT	Inter-Agency Council Against Trafficking
IASC	Inter-Agency Standing Committee
IFRC	International Federation of the Red Cross and Red Crescent Societies
IRR	Implementing Rules and Regulations
JMC	Joint Memorandum Circular
KII	Key informant interviews
LDP	Layanan Dukungan Psikososial
LDRRMC	Local Disaster Risk Reduction and Management Council
LGBTQI	Lesbian, Gay, Bi-Sexual, Transgender, Queer, Intersex
LGU	Local Government Unit
LRC	Lao Red Cross
MISP	Minimum initial service package
MoWECP	Minister for Women Empowerment and Children Protection
NBI	National Bureau of Investigation
NCAW	National Commission for the Advancement of Women
NDMC	National Disaster Management Committee
NDMO	National Disaster Management Office
NGO	Nongovernmental Organisation
NEDA	National Economic and Development Authority
NSCB	National Statistics Coordination Board
OCD	Office of Civil Defense
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA	Official development assistance
ODK	Open data kit
PCW	Philippine Commission on Women
PEP	Post-exposure prophylaxis
PGI	Protection, gender and inclusion
PMI	Palang Merah Indonesia
PPA	Pelayanan Perempuan dan Anak
PPDO	Provincial and Planning Development Office



PRC	Philippine Red Cross
PSA	Philippine Statistics Authority
PSEA	Prevention of sexual exploitation and abuse
PSS	Psycho-social support
RCRC	Red Cross Red Crescent
RIACAT	Regional Inter-Agency Council Against Trafficking
SGBV	Sexual and gender-based violence
SOGI	Sexual Orientation and Gender Identity
SOP	Standing operating procedures
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
VAW	Violence against women
VAWC	Violence against Women and Children
VCA	Vulnerability and Capacity Assessment
WFS	Women Friendly Spaces
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation
ZTP	Zero Tolerance Policy



Foreword

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As humanitarians, we put people – the neediest people – first. We protect lives, we alleviate suffering, we preserve dignity.

The Association of Southeast Asian Nations (ASEAN) shares this view and puts the needs of the most vulnerable at the centre of its planning.

Disasters harm all, but they disproportionately harm women and children, the old and the disabled. Research also tells us that cases of sexual and gender-based violence, such as rape, early marriage, domestic violence and trafficking, grow significantly in disaster situations. We humanitarians know the problem, but we haven't yet found all the answers, or put them into action. This important report attempts to do that.

It looks at sexual and gender-based violence through three country case studies: the Philippines (Typhoon Haiyan in 2013), Indonesia (Pidie Jaya earthquake and Bima floods in 2016) and Lao PDR (Oudomxay floods in 2016). It is our contribution to The Call to Action on Protection from Gender-Based Violence in Emergencies, a global initiative of governments and donors, international organizations and non-governmental organizations which aims to drive change in the humanitarian system to address the problem from the earliest phases of a crisis. We hope it can assist the revision of ASEAN Regional Guidelines on Social Protection in times of disaster, and contribute towards revised standard operating procedures. We hope that the results can also strengthen the operationalisation of the ASEAN Regional Action Plan on the Elimination of Violence Against Women.

The findings can also be applied at the national level – strengthening domestic disaster legislation, promoting coordination between governmental and non-governmental humanitarian actors, and building partnerships.

At the local level, this research can strengthen the provision of health, legal, and psychosocial support for those who have suffered such violence.

In the Red Cross and Red Crescent, it's our pleasure to work with so many partners to strive for a world free of sexual and gender-based violence.

Elhadj As Sy
Secretary General





Executive Summary

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This report contributes new evidence on why and how sexual and gender-based violence (SGBV)¹ risks increase during humanitarian disasters. It details how humanitarian actors can better prevent and respond to such escalation of SGBV, and better meet the needs of affected women, girls, men and boys. This research is based on community views of disaster-affected women, adolescent girls, men and adolescent boys in three South-East Asian countries: Indonesia, Lao PDR and the Philippines.

This research directly contributes to Priority Programme 4: PROTECT² of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2016-2020³ and calls for all members of the IFRC to strengthen implementation of the *IFRC Minimum Standards on Protection, Gender and Inclusion in Emergencies (2018)* and related protection standards.

Data for this report was collected in two disaster affected sites in each of the three participating country locations⁴, to:

1. Understand how SGBV affects women, girls, men and boys differently in all disaster affected ASEAN countries during and after disasters;
2. Map essential SGBV response services in the health, legal, security and psychosocial sectors, that remain functioning during a disaster;
3. Document how public authorities (including ASEAN coordinated response) and humanitarian actors (especially the Movement⁵ actors) have responded to disaster affected communities in the areas of SGBV prevention and response. Collect and document good practices but also recommend what could be done better.

Local volunteers of the Lao Red Cross, Palang Merah Indonesia and Philippine Red Cross were trained to identify and conduct safe data gathering on SGBV issues in their communities. Through these local humanitarian actors, 1,779 disaster affected individuals (846 men and 933 women) participated in household surveys, 358 disaster affected individuals (83 adult men, 93 adult women, 91 adolescent boys and 89 adolescent girls) participated in the focus group discussions (FGDs) and 58 individuals shared perspectives in key informant interviews

¹ Sexual and Gender-based violence is defined as an umbrella term for any harmful act that results in or is likely to result in physical, sexual, or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Sexual and Gender-based violence is a result of gender inequality and abuse of power. (International Conference Resolution 3)

² Component 6

³ Component 6.

⁴ Please see ANNEX 1 for more information on data collection sites.

⁵ "The Movement" refers to International Red Cross and Red Crescent Movement, which is composed of the International Federation of the Red Cross and Red Crescent Societies, the International Committee for the Red Cross and the Red Cross and Red Crescent National Societies. It is a network of 80 million people that helps those facing disaster, conflict and health and social problems (<https://www.icrc.org/en/who-we-are/movement>)



(KII)s, representing the health, legal, security and psychosocial sectors. **Their voices, views, and needs are presented as a call to action.**

SGBV is an issue faced by all the communities. It is often life threatening and impacts a survivor's daily life, dignity, rights, livelihoods and health. SGBV during and after disaster situations and other emergencies is under-researched and largely ignored in policy circles⁶. Few studies focus on low-income, developing countries and go beyond researching the gendered effects on women and girls of SGBV. Consequently, many humanitarian agencies not only overlook needs of females, but also completely overlook men, boys and sexual minority groups as SGBV survivors in their needs assessment, discussions with communities, during data collection and follow-up community-based and humanitarian response programming.

Key findings in this research, illustrate that the risks of SGBV are exacerbated during disaster situations in Indonesia, Lao PDR and the Philippines and that “disaster responders” and actors addressing needs of SGBV survivors are not working together adequately to reduce these risks. This research shows that this is a trend applicable to other disaster contexts.

Types of SGBV risk-factors and coping mechanisms for male and female survivors

In all three countries, household survey respondents expressed that **child marriage** and **domestic violence** are “harmful incidents for women and girls” that occur in the immediate aftermath of the disasters. They also spoke about the lack of separate “comfort rooms” (toilets) for women and men, overcrowding, too few safe spaces for women and children in temporary housing and no separation of men and women in several evacuation centres.

During FGDs, several SGBV cases within communities emerged, affirming the need for stronger referral pathways and survivor centred services. Our trained data collector volunteers mapped services available and offered referrals when survivors' needs emerged. Pre-existing coordination between many services did not exist prior to this research, or had broken down due to lack of coordination and maintenance of referral between health, psychosocial, legal aid, safehouse networks and other key services.

Specifically, cases of child sexual abuse (for both girls and boys) were often mentioned by community members. Participants noted that child protection mechanisms in schools need to be created, strengthened and monitored in all locations.

- **In the Philippines**, 30 per cent of respondents reported women and girls felt distressed by the rise in **child marriage**⁷ after the disaster. Fifteen per cent of respondents heard that someone had sustained injuries from **domestic violence** after the disaster. When respondents were asked who the perpetrator is, the majority answered “husband” (13 per cent) or “male community member” (14 per cent). Participants in the FGDs (adult women and men, adolescent boys and girls) listed **trafficking** against adolescent

⁶ Unseen, unheard. 2016.

⁷ Child marriage is defined as “any legal or customary union between two people where at least one of the parties is below the age of 18. A child marriage is interpreted by the CEDAW and CRC Committees as a form of forced marriage, since children – given their age – inherently lack the ability to give their full, free and informed consent to their marriage or its timing” (IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings, Annex 3).



boys and girls as a harmful incident that occurred after the disaster. KII respondents emphasised the need for stronger support mechanisms for lesbian women, gay men, transgender, intersex and queer individuals during disasters.

- **In Indonesia**, 18 per cent of respondents reported that women and girls felt distressed by the rise in **child marriage** after the disaster. Thirteen per cent of respondents reported that women and girls felt distressed by the rise in **domestic violence**⁸ after disaster. Perpetrators are male community members (30 per cent), strangers (17 per cent) or husbands (13 per cent). Adolescent boys and girls shared during FGDs that unsafe temporary housing arrangements during the disaster triggered an increase in **sexual harassment**. KII respondents highlighted the need for stronger inclusion of persons with disabilities.
- **In Lao PDR**, 47 per cent of respondents reported that women and girls felt distressed by the rise in **child marriage** after the disaster. Thirty two per cent of respondents reported that women and girls felt distressed by the rise in **domestic violence** after the disaster. Twenty nine per cent of respondents reported that men and boys felt distressed by the rise in **domestic violence** and 27 per cent of respondents said they heard someone got raped after the disaster. During FGDs with disaster affected women, participants remarked that risks to SGBV increase in the immediate aftermath of the disaster, especially during the first two weeks when safety and security can be volatile. KII respondents remarked that health sector personnel, especially at the provincial level, should be trained in how to handle SGBV related cases.

Most respondents expressed that adolescent girls, followed by adolescent boys and elderly women, are the most vulnerable to SGBV both during disaster and non-disaster time.

Some of the key factors that increase the risk to SGBV, shared married respondents in all three countries, are:

- the lack of employment
- the lack of security
- children becoming lost or being abandoned during disaster time

Household survey respondents expressed different coping mechanisms for male and female survivors, depending on the country and cultural context.

⁸ Domestic Violence is defined as “violence that takes place within the home or family between intimate partners as well as between other family members” Intimate partner violence, however, applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships) and is defined by the WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion,



Table 1: Coping mechanisms for female and male survivors

Country	Type of coping mechanism
For all three countries	<p>Community-based-support group for women and girls (50 % of household survey respondents in the Philippines, 28 % in Indonesia and 42 % in Laos)</p> <p>Community-based support group for men and boys (40 % of household respondents in the Philippines, 25 % in Indonesia and 26 % in Laos)</p> <p>How to communicate with family members about these issues (30 % of respondents in the Philippines, 24 % in Indonesia and 48 % in Laos – specifically for female survivors)</p> <p>Legal aid and awareness (39 % of respondents in the Philippines and 37 % in Indonesia)</p>
Philippines	<p>Strengthen the coordination the Department of Social Welfare (DSWD) has with other sectors at the provincial levels</p> <p>Increase the number of Violence against Women and Children (VAWC) desks</p> <p>Stronger support from <i>Barangay</i> (village unit) captains</p>
Indonesia	<p>Religious counselling for both male and female survivors (50 % of household survey respondents)</p> <p>Receive psychosocial counselling (19 %)</p>
Laos	<p>Better medical assistance for female survivors and “talking to friends” (26 % of household survey respondents)</p>



Key recommendations

Emphasise Preparedness at the district and community level:

- Strengthen village level dispute resolution mechanisms and the roles of community leaders.
- Collect information on survivor centred **referral services and build referral pathways** before the onset of the disasters.
- Identify, in coordination with women's and disability inclusion NGOs, **safe evacuation centres for women, girls, men and boys**, including separate spaces for women and men, separate toilets for men and women with locks on the inside, adequate lighting and an information desk, where disaster affected individuals can receive information about referral services and other safety related matters.
- Plan livelihood interventions which are known to reduce the risks of SGBV.
- Strengthen health, legal, psychosocial and security sector at the community and district level to better respond to SGBV survivors during disasters. For example, mobile health clinics (such as the emergency response units) should have staff who have been trained in the clinical management of rape and the administration of post-exposure prophylaxis (PEP) kits. All staff in these mobile health clinics should understand how to apply the survivor centred approach to all patients, handle disclosures with confidentiality, administer the minimum initial service package (MISP) within 72 hours of the emergency (if needed) and give accurate and updated referral services information.
- Strengthen coordination and preparedness measures between local government actors who are responsible for addressing the needs of survivors and local government actors who are working on disaster risk reduction and response. In the Philippines, for example, this means creating stronger linkages between DSWD, local government units and local disaster risk reduction and management councils.
- Implement long-term (five years or more), multi-sectoral, community-based programme in select data collection sites. This programme includes the following elements: (1) Creation of referral pathways at the community level (2) Training of health, police and legal staff at the province and district level on SGBV awareness, prevention and response measures, (3) Creation of village and savings loans associations in select communities to increase economic security during disasters for both women and men, (4) Series of informational sessions for women, girls, men and boys on healthy relationships, gender norms and values in the community, and (5) Psychosocial support for survivors at the community level.



At the National level:

- **For all three countries:** Integrate SGBV prevention and response into national disaster contingency plans. Integrate disaster preparedness and response into national SGBV related action plans. Strengthen coordination between national level Protection Cluster and Shelter Cluster for safer temporary housing during disasters and other crisis.
- **In the Philippines,** operationalise section thirteen of the 2008 Magna Carta for Women (Republic Act 9710) on “Women Affected By Disasters, Calamities, And Other Crisis Situations” and the Department of Social Welfare (DSWD) Guidelines on the Establishment of Women Friendly Spaces (WFS).
- **In Indonesia,** operationalise the 2014 Head of BNPB Regulation (Perka) No.13 on Gender Mainstreaming in Disaster Management and ensure that it is well understood and implemented at the provincial government level. Strengthen coordination and awareness on SGBV prevention and response among the police and Integrated Service Centre for Women and Children’s Empowerment.
- **In Lao PDR,** ensure that the new disaster management and climate change adaptation law integrates both gender and SGBV prevention and response during disasters. The Ministry of Labour and Social Welfare should create a taskforce with the NCAW, the National Disaster Management Office (NDMO) and the Department of Disaster Management (DDM) and the Department of Climate Change (DCC) for the development of a regulation, which is similar to section thirteen of the Philippines Magna Carta and the BNPB Perka No.13 on Gender Mainstreaming in Disaster Management in Indonesia.

At the Regional⁹ and Global level:

- Strengthen regional social protection mechanisms. **The ACDM Working Group on Prevention and Mitigation and its partners should finalise and operationalise the draft Regional Guidelines on Social Protection in times of disasters.**
- Ensure these guidelines consider different gender needs, especially in cash and asset transfer and subsidy programmes. Well-designed livelihoods programmes can often reduce the risks to SGBV during disasters and increase community resilience to economic shocks.¹⁰
- Make stronger linkages between the AADMER, ASEAN Committee on Women (ACW) and ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) work plans. Specifically, integrate objectives of the ASEAN Regional Plan of Action on the Elimination of Violence Against Women and the Regional Plan of Action on the Elimination of Violence Against Children into ASEAN-led disaster preparedness, response and recovery. Hold bi-annual coordination meetings between

⁹ The regional level recommendations emerged from a consultation held with the ASEAN ACDM Working Group on Prevention and Mitigation, the ACW and the ACWC in Jakarta from 2-4 May, 2018. **Please see Annex B for more detailed results.**

¹⁰“Social Protection Programming: The Need for a Gender Lens” ODI Briefing Paper, 2010:
<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6046.pdf>



the three bodies to strengthen SGBV prevention and response during disasters and crisis.

- Mainstream SGBV prevention and response into Joint Response Plan in partnership with ASEAN Coordinating Centre for Humanitarian Assistance (AHA).
- Use existing tools to strengthen coordination between ACDM, ACW and ACWC on SGBV prevention and response, such as the IFRC Minimum Standard Commitments on Protection, Gender and Inclusion during Emergencies and the ASEAN Regional Guidelines on Violence Against Women and Girls Data Collection and Use.

Bridge DRM and SGBV prevention and response frameworks by:

- Ensure that human rights obligations, constitutional provisions and gender and diversity sensitive mainstreaming are embedded in the development and implementation of disaster – and social protection - related legislation policies and procedures.
- Strengthen disaster resilience of protection laws, systems and institutions and allocate adequate funding for the implementation of these policies and procedures.
- Meaningfully engage the participation of marginalized groups in decision-making processes related to the planning and implementation of these policies and procedures.
- Ensure that DRM frameworks include coordination and contingency planning with relevant government ministries and departments, including the Ministry of Health. Exchange best practices on how gender mainstreaming and SGBV prevention and response during disasters and other emergencies has been integrated in National Action Plans.
- Include the provision of post-disaster shelter in disaster- related legislation, policies and procedure, including adequate consideration for protection issues. Existing guidance, such as the chapters on protection and shelter and settlement included in the Sphere Handbook, can be utilised to ensure international standards.



Chapter One: Background and Methodology

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Considering that SGBV is the leading cause of death among women aged 18-44¹¹ (in some countries), that at least one-third of women experience some type of SGBV in their lifetime (WHO, 2016)¹² and that Asia Pacific is the most disaster-prone region in the world (UNNC, 2016)¹³, it is crucial to assist both female and male SGBV survivors with stronger support mechanisms during disasters and other emergencies.

SGBV is a vital humanitarian protection concern, emerging from gender inequality and an abuse of power. *Preventing* SGBV during disasters, not only refers to stopping the violent incident itself, but focusing on a long-term strategy to reduce gender inequality and harmful gender related values and norms in communities. Specific examples of SGBV prevention before, during and after disasters, may include increasing women and girls' economic empowerment and social protection, engaging men, boys and sexual minorities in the transformation of gender norms and values and increasing awareness on sexual and reproductive health and rights during emergencies.¹⁴ *SGBV response*, then, concentrates on ensuring there are strong referral pathways and multi-sectoral services available for both female and male survivors during disasters. Specific examples of such a response may include strengthening in-country health, security, legal and psychosocial support services so they remain functioning during a disaster. Training and monitoring more personnel in these sectors to specifically address the needs of survivors is also an example of responding to SGBV.

In 2015, IFRC collected nine qualitative case studies on SGBV prevention and response in disaster affected countries, including, Bangladesh, Bosnia-Herzegovina, El Salvador, Haiti, Malawi, Myanmar, Namibia, Romania and Samoa. The primary aim of this research¹⁵ was to better understand what characterises SGBV during disasters, how legal and policy frameworks should be adapted and how National Societies and other local actors can prevent and respond to SGBV during disasters. As a result of this research, **International Conference Resolution 3¹⁶ on “SGBV: Joint action and response”** was passed during the 32nd International Conference¹⁷ in December 2015. This resolution calls for the IFRC in

¹¹ Women on the frontlines of Peace and Security, p.180:

https://books.google.com.my/books?id=iX4jalSyYpEC&pg=PA180&lpg=PA180&dq=SGBV+leading+cause+of+death+for+women&source=bl&ots=ar1TgAFhml&sig=JjGVmjrSrTs9O7R2nje7I8-LHMs&hl=en&sa=X&redir_esc=y#v=onepage&q=SGBVper cent20leadingper cent20causeper cent20ofper cent20deathper cent20forper cent20women&f=false

¹² <http://www.who.int/mediacentre/factsheets/fs239/en/>

¹³ <http://www.un.org/apps/news/story.asp?NewsID=53407#.WW1x28LdZo>

¹⁴ “Preventing and Responding to Gender-based Violence: Expressions and Strategies” SIDA, 2015:

<https://www.sida.se/contentassets/3a820dbd152f4fca98bacde8a8101e15/preventing-and-responding-to-gender-based-violence.pdf>

¹⁵ “Unseen, unheard: Gender-based violence during disasters” : <http://www.ifrc.org/Global/Publications/Genderper cent20andper cent20Diversity/1297700-Gender-basedper cent20Violenceper cent20inper cent20Disasters-EN.pdf>

¹⁶Please see: http://rcrcconference.org/wp-content/uploads/2015/04/32IC-AR-on-Sexual-and-gender-based-violence_EN.pdf

¹⁷ The International Conference is a forum which drives major policy decisions and outcomes in the global humanitarian arena. It brings together all states who are party to the Geneva Conventions, the IFRC, ICRC and 190 National Red Cross, Red Crescent Societies to make commitments on crucial humanitarian issues, such as the strengthening of humanitarian law frameworks and creating enabling environments for volunteering. Significant external partners, such as NGOs, academic



cooperation with National Societies and other relevant partners to continue its research and consultations; to build capacity on SGBV prevention and response during disasters and other emergencies and to enforce zero tolerance on the prevention of sexual exploitation and abuse. The resolution calls upon States to review and strengthen their domestic legal frameworks, ensuring applicable international obligations related to SGBV are reflected and enforced, and to assess the disaster resilience of these frameworks, to ensure that laws, institutions and support systems continue to function in times of disaster.

Since the passing of this Resolution, IFRC has conducted a global study (including case studies from Ecuador, Nepal and Zimbabwe) on “Effective law and policy on gender equality and protection from SGBV in disasters.” This research report complements the analysis on how current national laws and policies address “(1) protection and response to SGBV in disasters (disaster resilience of normal support systems through health and social welfare and community mechanisms, as well as consideration of these issues in DRM laws and policies; and (2) Gender equality in disaster risk management systems (gendered roles, avoiding sex discrimination in providing assistance, then extent of women’s participating and voice as well as meeting the distinctive needs of women and girls affected by disasters.”¹⁸

Each country chapter in this publication has a section on the linkages between disaster related legislation, policies and procedures and SGBV prevention and response legal frameworks and how they are interconnected during disaster management and response time. Due to time and technical constraints, the legal analysis for the Philippines is more in depth than the other countries. It should be noted that the linkages between SGBV prevention and response and disaster preparedness, response and recovery for Indonesia and Lao PDR has been desk-based, using secondary information and some primary legal documents (to the extent available in English). This analysis does not address the efficiency of implementation of anti-SGBV laws and regulations in peace time or in the context of a natural disaster or other emergency.

ASEAN is also strong in the commitments it has made towards protecting women, girls, men and boys during disaster time. The ASEAN Vision 2025 on Disaster Management is guided by the five key outcomes of the World Humanitarian Summit, including dignity, safety, resilience, partnerships and finance. On dignity, the vision states: “With dignity, ASEAN will need to further develop and apply its people-centred approach as a main priority. With this approach at the centre of the humanitarian initiative will ensure gender equality and empowerment for women, girls, the youth, and children so that they can act as agents of their own response” (p.6). On safety, the vision emphasises: “ASEAN and the future implementation of AADMER need to ensure that there are mechanisms to enable protection and assistance for all especially those most vulnerable. Protection should be a priority for all ASEAN responders at all times during humanitarian events (ibid).” This Vision is reflected in the AADMER Work Programme 2016-2020, particularly Priority Programme Four: PROTECT, component six on “Ensuring social protection and establishing social safety nets in the context of disasters.”

institutions, the United Nations and its specialized agencies and international and regional partners are invited as external observers.

¹⁸ “Effective law and policy from gender equality and protection from sexual and gender-based violence during disasters,” Nepal Country Case Study, Nepal Red Cross and IFRC, March 2018.



The ASEAN Regional Plan of Action on the Elimination of Violence against Women (EVAW) (2016-2025) has two major objectives: (1) For ASEAN to institutionalise EVAW policies and sustained support across pillars and sectors; and (2) For each ASEAN Member State (AMS) to have effective prevention and protection services supported by national EVAW legal framework and institutional mechanisms. These objectives are also in line with the ASEAN Socio-Cultural Blueprint 2025 and the five-year work plans of the ASEAN Committee on Women (ACW) and the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC). One of the primary objectives in the ACW 2016-2020 Work Plan is to “Enhance regional and national initiatives to improve the protection and empowerment of women, especially those in vulnerable situations, including the elderly, and those with disabilities, key affected women of HIV/AIDS (women living with HIV/AIDS), internally displaced persons, and women at risk or victims of gender-based violence including domestic violence and trafficking.” In the ACWC 2016-2020 Work Plan all thematic areas are relevant to this research, but thematic area six in particular, which is focusing on stronger child protection systems: “Comprehensive/Integrative Approach for Children in Need for Special Protection (e.g. victims of abuse and neglect, trafficking, child labour, children affected by statelessness, undocumented migrant children, HIV/AIDS, natural disaster, conflicts and children in juvenile justice system/children in conflict with the law) (p.6)”¹⁹ especially applies to the outcomes of this research.

For this research, the recommendations target and involve humanitarian actors at all possible levels of prevention and response:

- 1) Globally, this research project and its results are a contribution to the “Call to Action on Protection from Gender-based Violence in Emergencies.” Since the 2013 inception of this Call to Action, humanitarian stakeholders have implemented the roadmap and are advocating for more field level implementation.²⁰
- 2) Regionally, the results of this research are seeking a more effective partnership with the ACDM and other relevant ASEAN bodies, further involvement in the development and implementation of the ASEAN Regional Guidelines on Social Protection in times of disasters and contribution towards the revised standing operating procedures (SOPs) of regional level disaster preparedness, response and recovery.
- 3) At the national level, this research project aims to advocate: (1) the strengthening of domestic disaster related legislation, policies and procedures, including implementation and contingency planning to ensure continued function of existing legislation, institutions and services in times of disaster with regards to SGBV prevention and response; (2) coordination among governmental and non-governmental humanitarian actors on SGBV prevention and response during disasters and (3) stronger partnerships among humanitarian actors to better address the needs of survivors during disasters.
- 4) At the province level of each country, this research project aims to strengthen capacities of the health, legal, psychosocial and security sectors to be able to respond to the needs of survivors, recognising that both Indonesia and the Philippines already have strong legal frameworks both for disaster response and for addressing SGBV prevention and response.

¹⁹ In addition, The ASEAN Intergovernmental Commission on Human Rights (AICHR) has two specific activities which relate to the objectives of this research: (1) drafting a policy on the protection of women’s and girl’s rights and (2) conducting a thematic study with all ASEAN members states (AMS) on women and children in conflicts and disasters (p.9).

²⁰ <https://www.calltoactionSGBV.com/>



- 5) Within the communities selected for data collection, the research results will contribute to stronger referral pathways and multi-sectoral programme services for survivors.

This research has not only built capacity among Red Cross Red Crescent (RCRC) volunteers in three National Societies on SGBV awareness, but also on how to collect sensitive SGBV related data both quantitatively and qualitatively in an ethical and safe manner. Its planning and implementation process is the result of an effective partnership between IFRC and the ACDM Working Group on Prevention and Mitigation, a large number of IFRC staff from the Asia Pacific region, the PRC, PMI and Lao Red Cross (LRC)²¹ and select external partners, such as the NCAW in Lao PDR and Rifka Annisa Women's Crisis Centre in Indonesia. Contributing to new knowledge and praxis on multiple fronts, this report is an important bridge builder between law and policymakers, academics and practitioners to move forward the agenda on improving SGBV prevention and response during emergencies.

The target audience for this research includes, but is not limited to: (1) Legislators and policymakers in AMSs; (2) The three ASEAN pillars: Political-Security Community, Economic Community and the Socio-Cultural Community; (3) First responders during disasters, alongside the government, such as National Societies, UN agencies, international and local NGOs; and (4) Health, legal, psychosocial, security and livelihoods sectors related to SGBV prevention and response during disasters.

1.2 Key Definitions and Concepts

There are select key definitions and concepts applied throughout the report. They include:

Gender refers to the social differences between females and males throughout their life cycles. Although deeply rooted in every culture, these social differences between females and males are changeable over time and are different both within and between cultures. Gender determines the roles, power and resources for females and males in any culture.²²

Sexual and Gender-based violence (SGBV) is an umbrella term for any harmful act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to a woman, man, girl or boy on the basis of their gender. Gender-based violence is a result of gender inequality and abuse of power. Gender-based violence includes but is not limited to sexual violence, domestic violence, trafficking, forced or early marriage, forced prostitution and sexual exploitation and abuse.²³

Diversity means acceptance and respect for all forms of difference. This includes, but is not limited to, difference in: gender, sexual orientation, age, disability, HIV status, socio-economic status, religion, nationality and ethnic origin (including minority and migrant groups).²⁴

Protection, in humanitarian action is fundamentally about keeping people safe from harm. It aims to ensure the rights of individuals are respected, to preserve the safety, physical integrity and dignity of those affected by natural disasters or other emergencies, armed conflict or other situations of violence. **The Inter-Agency Standing Committee's definition**

²² IFRC Strategic Framework on Gender and Diversity Issues, 2013-2020, p.2

²³ IFRC and ICRC Background Report on Resolution 3 "Sexual and gender-based violence: joint action on prevention and response," p.2, October 2015 (in preparation for the 32nd International Conference).

²⁴ IFRC Strategic Framework on Gender and Diversity Issues, 2013-2020, p.2



of protection is the most commonly accepted by humanitarian actors (including the Movement): “all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. Human Rights Law, International Humanitarian Law, Refugee law)”. **Protection in the Movement** has both internal and external aspects. Internally, it refers to ensuring that the actions of the Movement respect, and do not endanger the dignity the safety and rights of persons. Externally, it refers to action intended to ensure that authorities and other actors respect their obligations and the rights of individuals.

Survivor centred approach This approach is defined by four guiding principles: (1) Safety, (2) Confidentiality, (3) Respect and (4) Non-discrimination

In practice, this means that the physical safety of all survivors who are respondents during the research or beneficiaries during follow-up community-based programmes, shall be ensured. The SGBV related incidents and stories that survivors share during the research or as participants of community-based programmes, shall be kept confidential and stored either in a locked facility or as encrypted data on a computer. The decisions of all survivors shall be respected. All staff involved in SGBV prevention and response projects, including but not limited to the research data collection team, RCRC volunteers and staff, and individuals associated to SGBV prevention and response community-based projects, will give referral service information to survivors. Finally, non-discrimination will be practiced towards all survivors and case disclosures.

Disaster is a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.²⁵ IFRC SOPs define disasters according to three levels: 1) RED (high scale, such as Typhoon Haiyan), 2) ORANGE (mid-scale, such as the Pidie Jaya earthquake in Aceh and 3) YELLOW (small-scale, such as the 2016 floods in LAO PDR. **The structure of this report mirrors these colour categories.**

Frameworks for the protection of people is grounded in legislation, establishing institutions, services and allocating resources. Disaster Law refers to disaster related legislation, policies and procedures which address the roles and responsibilities to manage and respond to disasters, minimise the impact of disasters and reduce disaster risks in order to make communities safer, to ensure timely and effective humanitarian relief, and to improve the protection of the most vulnerable when faced with crisis. Most countries have reflected international commitments on equality and equity in National Constitutions or Bills of Rights, and disincentives reflected in its Criminal Codes. As such, SGBV prevention, mitigation and response already exists in legal structures (implementation and resourcing varying). Disaster Law seeks to ensure that these frameworks are integrated with DRM frameworks, resourced and their disaster resilience increased so that they can continue to function in times of disaster.

1.3 Methodology and scope

A vast amount of literature was reviewed for this research, including academic literature in the form of dissertations, books and articles in peer-reviewed journals. This review informed the methodology and scope for this research. To represent the practitioner viewpoint as well,

²⁵ United Nations' International Strategy for Disaster Reduction (UNISDR)



many pieces belonging to the “grey” literature category, in the form of NGO, Movement, INGO, UN, media and blog reports were also included. An emphasis was also put on trying to find literature on SGBV prevention and response during crisis in developing countries, especially for the Asia Pacific region.

SGBV prevention and response during disasters remains a largely under-researched and unaddressed topic. Major themes and gaps include:

- 1) The continued lack of safety and security in temporary housing. While the guidance on shelter planning, design and construction has improved, the use of such guidelines remains limited. Both past research and this current study document the lack of lighting, separate toilets for men and women and few safe spaces for women and children in temporary housing.²⁶
- 2) Low participation by women in shelter management committees and during relief distributions leading to increased risks for SGBV.²⁷
- 3) Low engagement of men and boys in planning, programming, implementation and monitoring in community-based programmes on SGBV prevention and response, both during disaster and non-disaster time.²⁸
- 4) The disconnect between disaster risk management (DRM) legislation, policies and procedures and SGBV related laws and their implementation during disaster time.²⁹
- 5) The breakdown in multi-sectoral services for survivors (legal, psychosocial, security and health) during disasters and weak referral pathways.³⁰
- 6) Improvement in national, district and community level coordination among governmental and non-governmental humanitarian actors to prevent and respond to SGBV.
- 7) The link between well-designed livelihoods interventions and reduction in domestic violence.³¹
- 8) Low analysis of at risk groups and knowledge on safe and ethical data collection.
- 9) Low inclusion of men, boys, transgender, lesbian women, gay men, intersex and queer individuals in the planning, programming and implementation of projects meant to address the needs to survivors.³²
- 10) Inadequate analysis of regional prevention and response mechanisms to prevent and respond to SGBV.

²⁶ **Global Shelter Cluster Working Group on SGBV Risk Reduction (2016) *Good Shelter Programming, Tools to Reduce the Risk of SGBV in Shelter Programmes***. Trial edition. Available at:

https://www.sheltercluster.org/sites/default/files/docs/SGBV/toolkit-trial_edition-web_version.pdf Accessed 17 March 2017

²⁷ (ibid)

²⁸ Mishra, P., (2009) Let's Share the Stage: Involving Men in Gender Equality and Disaster Risk Reduction in” in Enarson, E., and Chakrabati, P.G., (Ed.) (2009) *Women, Gender and Disaster: Global Issues and Initiatives* Delhi: SAGE Publications

²⁹ “Effective law and policy on gender equality and protection from sexual and gender-based violence in disasters” Nepal Country Case Study. IFRC. 2017

³⁰ Global Protection Cluster, SGBV Area of Responsibility (SGBVAoR) (2013) *SGBV Sub-cluster – Typhoon Haiyan – MIRA Secondary Data Review. Compiled 22 November 2013*. Available at: http://SGBVaor.net/country_material/typhoon-haiyan-Haiyan-SGBV-secondary-data-review-nov-2013/# Accessed: 2 March 2017

³¹ UNICEF, 2018.

³² Rumbach, J., and Knight, K., (2014) *Sexual and Gender Minorities in Humanitarian Emergencies* in Roeder Jr, L.W., (Ed.) (2014) *Issues of Gender and Sexual Orientation in Humanitarian Emergencies: Risks and Risk Reduction*. Virginia: Springer



The primary research questions for this study have emerged both from the literature review and the past “Unseen, unheard” studies. They are as follows:

Overall research question:

How can public authorities (focus on national ASEAN governments) and humanitarian actors (focus on National Societies and IFRC) prevent and respond to SGBV during disasters?

Sub-research questions:

- 1) What characterizes SGBV in disasters? How does SGBV, during and in the direct aftermath of disasters, affect boys, girls, women and men differently?
- 2) To what degree are gender issues incorporated in the national disaster risk management laws and policies?
- 3) How can the existing legal and policy framework be strengthened to better address gender (including participation of women) and prevention of and response to SGBV, including prevention of sexual exploitation and abuse (PSEA) issues?
- 4) What kind of response system exists or needs to be developed for helping SGBV survivors during and right after disasters when traditional, essential services have broken down?

The characteristics of the types of SGBV are covered by the household survey results, whereas *how* SGBV affects women, girls, men and boys differently emerges from the FGDs. The background section of each country chapter addresses how legal and policy frameworks address or do not address SGBV prevention and response during disasters. Insights into existing response systems for survivors during disasters are highlighted in the KII results.

A secondary, yet significant goal of this research was to improve how data on SGBV is collected during disasters and that it is done in an ethical and safe manner. Therefore, a mixed methods research design, which is sequential in nature (Morgan, 1998 and Morse, 1991), was implemented for this project (Creswell, 2003; Tashakkori and Teddlie, 2003). The content of the data collection tool is guided by the WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence. The majority of studies conducted on SGBV prevention and response, particularly at the community level, tend to be qualitative and narrative in nature. While larger studies and research including quantitative components, such as household surveys, are increasing in number, they tend to be the minority choice. Some of the reasons it remains difficult to implement mixed methods studies effectively includes the level of technical skills required for carrying out multiple methods, and more practical reasons, such as the logistics, time and budgetary constraints involved. Data on SGBV, and especially primary data, is also difficult and sensitive to collect and is, often, not implemented in a survivor centred way.

Despite the challenges in integrating methodologies, a mixed methods design was the most desirable choice for this research, not only because it answers the driving research questions most effectively, but also because it fulfils multiple aims outlined in Greene’s (1989)



and Bryman's (2006)³³ justification frameworks used for explaining the rationale behind using a mixed method approach. Specifically, two stages of data collection, qualitative and quantitative, have been used for this research to ensure:

- **Triangulation:** The goal was to reach soundness of results by ensuring corroboration in the application of both methods (Greene et al., 1989; Bryman, 2006: 105).
- **Complementarity and Completeness:** it is hoped that the quantitative research shall aid in the "elaboration, enhancement, illustration, clarification" (Greene et al., 1989:259) of the results that were garnered.
- **Expansion and/or answering different types of sub-research questions:** Mixed methods are being applied in this research design to "extend the breath and range of enquiry by using different methods for different inquiry components" (Greene et al, 1989: 259).
- **For more effective instrument development:** The design and content of the household survey is based on guidance from the following tools: (1) the Reproductive Health in Conflict Consortium (RHRC) "Gender-based Violence Tools Manual," (2) PATH and WHO "Researching Violence Against Women" Manual, (3) the WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence and (4) a review of past surveys conducted by UNFPA, the IRC and Partners4Prevention.

Population Sampling for the Household Survey

To answer the research questions³⁴ most effectively, the following population selection criteria was applied: The village sites or primary sampling units (PSUs) chosen for the research had to be disaster affected between 2010-2016. "Disaster affected" is defined by the number of affected households, the number of damaged houses and whether individuals had to leave their homes and live in temporary housing. Household level data was obtained from the disaster management and health teams in the National Societies, online data bases such as the Humanitarian Data Exchange and Ministries responsible for disaster preparedness, response and recovery. For example, in Lao PDR, it was the Ministry of Social Welfare.

Two data collection sites were purposively chosen in each country, to collect responses and perspectives from communities affected by different types of disasters, differing lengths of temporary housing and different types of geography, ranging from rural to urban to coastal. Annex A explains the representative target population and categories the data collection sites fall into. The chosen population number for each country is at a 95 per cent confidence interval with a five per cent margin of error. At the household level, disaster affected households were randomly sampled based either on official government household lists or one created with community leaders for updated information. The household survey was administered to adult men and women (above the age of 18). The target was to reach 50 per cent adult, male respondents and 50 per cent adult, female respondents. This target was achieved in the Philippines and Indonesia, however, in Lao PDR 70 per cent of the sample

³³ Greene, JC. "Toward a Conceptual Framework for Mixed-Method Evaluation." *Educational Evaluation and Policy Analysis*. Fall 1989, Vol 11, No.3, pp. 255-274.



population are adult females and 30 per cent are adult males, as there were challenges in the recruitment of male data collectors.

The household survey has sections on population demographics, conditions of temporary housing in case the respondent left his/her home during the disaster, participation of women during relief distributions and in shelter management committees, safety and security concerns for women, girls, men and boys, incidents occurring in the aftermath of the disaster that were harmful for women, girls, men and boys, SGBV between married couples or respondents in relationships in the six months following the disaster and suggested community-based coping mechanisms for both male and female survivors. The survey was administered through the open data kit (ODK) on mobile phones. To complement and enrich the household level data, FGDs with disaster affected men, women (age 18-60), adolescent boys and girls (age 13-17) and KII with the health, legal, psychosocial, police, community leaders and humanitarian actors were conducted in each country. For the FGDs with adolescent boys and girls, written consent for them to participate was taken from either the parent or guardian.

The data collection teams in each country were comprised of an in-country lead researcher, two field supervisors, two assistants to the field supervisors and six data collectors for each site. In Lao PDR, the lead researcher was the gender and diversity focal point in LRC. In Indonesia and the Philippines, senior level IFRC local staff from the National Society Development and Health sectors were recruited as lead researchers. Field supervisors were either externally recruited or recruited from within the National Society. Data collectors were all RCRC volunteers with frontline experience during disaster response within their country context. Each data collection team underwent an eight-day training in their respective countries, covering topics relevant to SGBV and the ethics and safety measures for the actual data collection. The second half of the training included multiple rounds of household survey administration practice, FGD practice and undergoing a pilot test in two target communities, to ensure the effectiveness of the data collection instruments.

The household surveys, FGDs and KIIs were conducted over a period of six weeks in 2017: In May and June in Lao PDR; in September and August for Indonesia and in October and November for the Philippines. The following three Asia Pacific case studies, commissioned by the IFRC as part of a global research initiative to bolster SGBV prevention and response during and after disasters, start to fill the abovementioned gaps and make valuable recommendations for multi-sectoral action and follow-up in Lao PDR, Indonesia and the Philippines. In the following country chapters, the context and data collection sites for each country is first described, followed by the research results and recommendations.



ANNEX A: Information on Data Collection Site

Table 1: Data Collection Sites and Target Population

Country and data collection site	Category	Household level population
Lao PDR		265 respondents (179 female, 86 male)
Oudomxay	Affected by recurrent flooding. Large-scale floods in October 2016. Disaster affected areas are all rural. Disaster category is YELLOW. ³⁵	15 villages
Sekong	Affected by recurrent flooding and Typhoon Ketsana in 2009. Disaster affected areas are all rural.	12 villages
Indonesia		709 respondents (352 female, 357 male)
Bima	Affected by recurrent flooding. Many disaster-affected areas in urban and rural setting.	20 villages
Aceh	Affected by Pidie Jaya earthquake December 2016, large population lived in temporary housing. Disaster category is ORANGE.	20 villages
Philippines		805 respondents (402 female, 403 male)
Leyte	Affected by 2013 Typhoon Haiyan, large population lived in temporary housing. Disaster affected areas include rural, urban and coastal areas. Disaster category is RED.	20 <i>barangays</i>
Aklan		20 <i>barangays</i>

³⁵ Please see key concepts and definitions for IFRC disaster classification.



ANNEX B: Results from Consultation with ACDM, ACW and ACWC in Jakarta, 2-4 May 2018

GROUP 1: PREPAREDNESS

Recommendations and Guiding Questions	Preparedness
	How can the ACDM, ACW and ACWC work together to better prepare for GBV response? (think of planning and what can be done in advance)
How can you raise awareness and strengthen advocacy on GBV prevention and response during disasters and crisis with other ASEAN sectoral bodies?	<ul style="list-style-type: none"> • Disseminate the results of this study (sharing workshop with senior officials) – participants would be senior officials from Women’s ministries, Women’s Unions, Disaster Management • Sensitize disaster management officials on PGI in disaster preparedness, response and recovery (1st day) /SGBV prevention and response, identification of safe evacuation centers, and implementation of safe shelter guidelines / preparedness simulation • To improve the coordination role of the ministries and other actors • Target joint response plan (reach out to AHA centre) – at the regional level (for specific interventions have specific indicators measuring and a monitoring plan, spell out roles and responsibilities) • Dissemination of early warning systems – how does the information reach the most vulnerable groups • Stockpiling of dignity kits for women and adolescent girls and preparation for menstrual hygiene management • Post disaster needs assessment – integrate SADD into it. (ERAT and rapid assessment tools) – UNDP/World Bank and ASEAN <p>(involvement with AHA centre at regional level)</p>
What is your projected timeline and how long will it take you?	<ul style="list-style-type: none"> • Senior Officials Meeting (for Political and Security Pillar) / (Socio-cultural pillar) • ASEAN regional emergency response exercise – November 2018 Indonesia • ACW and ACWC coordination meeting • ACW and ACWC ad-hoc working group on gender mainstreaming strategies
What key ASEAN tools and documents can you use to build your evidence base?	<ul style="list-style-type: none"> • Indonesia (ASEAN) expert minimum standards for ASEAN • Regional guideline on elimination on violence against women and children • Regional plan of action on evaw • This report <p>What are the existing guidelines?</p>



What key non-ASEAN tools and documents can you use to build your evidence base?	<ul style="list-style-type: none"> • Minimum standards on PGI in emergencies • IASC Guidelines on GBV prevention during emergency settings • Look at ASEAN member state document (e.g. in Cambodia under legal protection department, national action plan, Vietnam national action) • Guideline for community based disaster risk management (already has integrated gender mainstreaming - Thailand)
What is your projected timeline and how long will it take to do this?	Six month timeline for review of these guidelines
How can some of the research results be integrated in the draft regional social protection guidelines?	<p>Not enough information</p> <p>Design of cash based and livelihoods interventions taking into consideration gender and GBV prevention and response</p>
Do new policy documents at the ASEAN level (such as declarations) need to be created? If yes, what kind of document is it?	<p>Integrate this issue into AADMER work programmes – there is currently a mid-term review</p> <p>For Regional Guidelines on EVAWC – add a section on disasters and other crisis</p>
What is your projected timeline and how long will it take to do this? What are the next steps for this research collaboration?	Mid-term review need more
Is there anything else you would like to add?	<p>Use resilience library</p> <p>Key next steps on this research collaboration:</p> <ul style="list-style-type: none"> • Implement more studies in disaster affected ASEAN countries • Involve the academic sector <p>Focus on the national emergency response plan and the inter-agency contingency plan</p> <p>Partnership with AHA centre</p>

GROUP 2: RESPONSE

Recommendations and Guiding Questions	Response
	How can the ACDM, ACW and ACWC work together to better prepare for GBV prevention and response? (think of planning and what can be done in advance)
1. How can you raise awareness and	<ul style="list-style-type: none"> • Update on this research and the consultation at the upcoming ASEAN Senior Official Conference on gender



strengthen advocacy on GBV prevention and response during disasters and crisis with other ASEAN sectoral bodies?	<p>mainstreaming in Manila in July 2018 (by ACDM or ACDM and ACW)</p> <ul style="list-style-type: none"> • Share among the Member States, UNFPA and other ASEAN bodies the good practices and case studies about woman and child friendly spaces.
2. What key ASEAN tools and documents can you use to build your evidence base?	<ul style="list-style-type: none"> • ERAT assessment tool to be aligned with “ASEAN Regional Guidelines for Violence against Women and Girls Data Collection and Use” • Identify gender expertise in ERAT roster
3. What key non-ASEAN tools and documents can you use to build your evidence base?	<ul style="list-style-type: none"> • Under the standardisation of ACDM, use the research recommendations related to the shelter and the IFRC MSC and other protection tools.
4. How can some of the research results be integrated in the draft regional social protection guidelines?	<ul style="list-style-type: none"> • Promote the use of MISP as a tool to be used in emergency setting. • Increase the linkage between cash transfer initiative during emergency time and existing cash transfer system as a part of the social protection • Ensure that the social protection guidelines are informed by the detailed disaster risk analysis which considers various gender and diversity issues
5. What key steps can you take to increase coordination at the regional level?	<ul style="list-style-type: none"> • include sessions on G/BV prevention in ERAT training • expand the ERAT roster to staff with gender expertise (Main actor = AHA Centre through ERAT)
6. Do new policy documents at the ASEAN level (such as declarations) need to be created? If yes, what kind of document is it?	<p>If not existing already, develop a Code of Conduct for ERAT members. AHA Centre to be the promoter of the Code of Conduct to the Member States.</p>

GROUP 3: RECOVERY

Recommendations and Guiding Questions	Recovery
	<i>What should ACDM, ACW and ACWC do to help ASEAN affected member states to better plan for recovery measures on GBV prevention and response?</i>
(1) How can you raise awareness and strengthen advocacy on GBV prevention and response during disasters	<ul style="list-style-type: none"> • Women’s unions, DMOs, and government agencies responsible for social welfare to partner with CSOs (with their regional networks) an awareness program on preventing SGBV in disasters



and crisis with other ASEAN sectoral bodies?	
<p>What is your projected timeline and how long will it take you?</p> <p>Who are the specific ASEAN bodies and technical partners that can be involved in this process?</p>	<ul style="list-style-type: none"> • In terms of awareness program, long and short-term implementations • At the national level, CSOs to meet with the Ministry of Social Welfare in the respective countries • Propose for a consultation meeting between ACDM, ACW and ACWC to discuss the awareness program during one of the sectoral body's meeting
(2) What key ASEAN tools and documents can you use to build your evidence base?	<ul style="list-style-type: none"> • Create a tool on SGBV prevention and response at the ASEAN level which will be translated into domestic context • Roll-out the ACW gender mainstreaming tool to AMS • Research at the AMS level on how lack of transportation can address SGBV at times of disaster recovery
(3) What key non-ASEAN tools and documents can you use to build your evidence base?	<ul style="list-style-type: none"> • IFRC Minimum Standards
(4) How can some of the research results be integrated in the draft regional social protection guidelines?	<ul style="list-style-type: none"> • Highlight the concern of SGBV in the draft social protection guidelines • Ensure that existing domestic frameworks on SGBV on disasters are reflected in the guidelines to make sure that they are harmonized • Conduct capacity building on SGBV minimum standards at the regional level (training of trainers) and then scale down to national level then to community level
(5) What key steps can you take to increase coordination at the regional level?	<ul style="list-style-type: none"> • ACW and ACWC already has a back-to-back annual consultation meeting in place, so suggest to invite ACDM to the meeting as well. • In drafting and finalizing the social protection guidelines, an Ad-hoc working group consisting of the three ASEAN bodies, i.e. ACW, ACWC and ACDM, should be created.
<p>What is your projected timeline and how long will it take to do this?</p> <p>Who are the specific ASEAN bodies and technical partners that can be involved in this process?</p>	<ul style="list-style-type: none"> • Initial discussions of the draft social protection guidelines will be conducted at the next ACW-ACWC Consultation Meeting in September 2018 in which ACDM would have already been invited to the meeting. • The creation of the Ad-hoc working group would also be discussed at the Consultation Meeting.
(6) Do new policy documents at the ASEAN level (such as declarations) need to be created? If yes, what kind of document is it?	<ul style="list-style-type: none"> • Yes, an ASEAN minimum standards on SGBV prevention and response during disasters



What is your projected timeline and how long will it take to do this?	<ul style="list-style-type: none">• Three years due to different levels of approvals/endorsements
What are the next steps for this research collaboration?	<ul style="list-style-type: none">• For ASEAN countries which are prone to disasters, to replicate the research study and conduct peer learning
(7) Is there anything else you would like to add?	<ul style="list-style-type: none">• Technical assistance provided to AMS for scaling the proposed recommendations and guidelines to community levels• Strengthen monitoring and reporting mechanisms



Chapter Two: RED Philippines



"We need to prepare safe evacuation centres. Let people know the safe places in the community. Give early warning to the public when disaster strikes. Have safe places for single parents, families and LGBTQIs"
- Adolescent Girl, Aklan

Key Findings



Risk factors identified in the disaster response



What can be done?





Snapshot



A data collection team, comprised of an in-country Lead Researcher, two field level supervisors (one male and one female) and 11 Philippines Red Cross Volunteers (six females and five male) collected the following data:

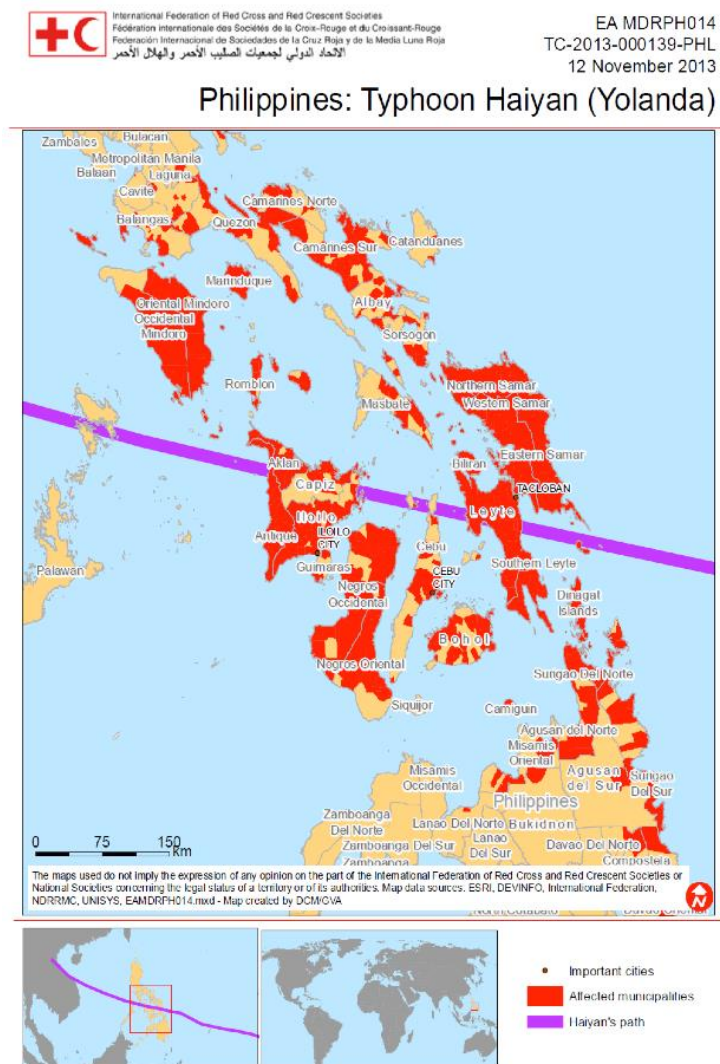
- 805 household surveys (402 female and 403 male respondents) were collected across 40 Typhoon Haiyan affected barangays (20 in Aklan and 20 in Leyte) and ten municipalities.
- 108 disaster affected individuals (22 men, 30 women, 25 adolescent boys and 29 adolescent girls) participated in 12 FGDs (eight in Leyte and four in Aklan).
- Forty two KIIs with a total of 48 respondents (four health care staff, seven psychosocial support staff, six community leaders, seven police staff, four involved in legal aid, two affiliated to religious institutions, 12 government agency staff, five international NGO staff and one national NGO staff) were conducted.
- 30% of respondents reported women and girls felt distressed by the rise in early marriage after the disaster.
- Trafficking for sexual exploitation and abuse increased in the immediate aftermath of Typhoon Haiyan, shared the majority of KII respondents.
- FGDs with adolescent boys and girls in Leyte point to sexual exploitation and abuse increasing among adolescent boys, who are targeted by older men in the community.
- Household survey respondents, FGD and KII participants all call for better implemented guidelines for evacuation centres, ensuring there are separate spaces for men and women, adequate lighting and separate toilets with locks.
- KII respondents emphasised the need for LGBTQI issues during disasters to be integrated into the gender and development council at the provincial level.
- 50% of household survey respondents stated that a support group for women and girls would help cope female SGBV survivors, followed by legal awareness on the issue (39%) and understanding how to communicate with family members (30%) about this issue. The results were similar for male SGBV survivors, emphasising the importance of community-based support groups for men and boys (40%).



2.1 Background and Context

On 8 November 2013, Typhoon Haiyan (aka “Yolanda”) hit the central Philippines with an unprecedented force, affecting 16 million people, killing 6,300 individuals, displacing four million individuals³⁶ and wiping out entire coastal villages and towns.³⁷ The INFORM index, which identifies countries at a high risk of humanitarian crisis, rates the Philippines as 9.4 for earthquakes and 9.5 for tropical cyclones (on a ten-point scale).

Map 1: Affected areas during Typhoon Haiyan



³⁶ OCHA Humanitarian Bulletin, October 1-31, 2014

³⁷ “Philippines: Typhoon Haiyan, Two-year progress report, November 2015”: http://www.ifrc.org/Global/Photos/Asiaperc20Pacific/Ongoingperc20Operations/Haiyan/Haiyan_Two_year_Web.pdf (IFRC, Philippines Red Cross and ICRC)



SGBV prevention and response by humanitarian actors during this high-scale disaster was regularly reported on by the Global Protection Cluster and the SGBV sub-working group within this cluster. Their final report from November 2013, lists sexual violence, sexual exploitation and abuse and trafficking as areas of increased risk after the typhoon. An increase for sexual violence existed due to reports of inadequate lighting in temporary housing and lack of private bathing facilities. Samar and Leyte, two of the most affected provinces during Typhoon Haiyan, are historically known for trafficking and risks in these areas have a high possibility of increasing due to economic vulnerability among the affected population, especially women and girls. The report also highlights the increased risk for sexual exploitation and abuse, noting the increase in international and national humanitarian actors on the ground and involvement of both international and local military personnel.

Groups of concern during this time included single women, adolescent girls and female heads of household. Over 25 per cent of women, according to the Global Protection Cluster report, live in poverty and only 49.7 per cent participate in the formal workforce. Eighty per cent of the population in Leyte relied on coconut and copra production. However, as large numbers of these were destroyed during the typhoon there was a massive livelihoods gap. Adolescent girls, especially if unaccompanied or caring for younger siblings, were also identified at risk for rape and sexual exploitation and abuse. Their vulnerability stems from limited decision-making power, limited ability to protect themselves and possible dependence on others to fulfil their basic needs.

Two of the most disaster affected provinces during Typhoon Haiyan were Aklan and Leyte. Based on a literature review and consultations with the IFRC Philippines Country office and the PRC, these two provinces were also chosen as data collection sites for this research project. Leyte is situated in the eastern Visayas region of the Philippines, with a population of 1,724,659 (780,599 are women)³⁸, is predominantly Roman Catholic and is split into two language groups: Cebuano in the west and south and Waray in the north and east.³⁹ 1,844,452 individuals were affected in Leyte according to a rapid assessment conducted by PRC from 20-24 November 2013. Aklan is in the western Visayas region, with a population of 574,843 (approximately 50 per cent female). Its pre-dominant ethnic group and spoken language is Aklanon.⁴⁰ 118,799 individuals were affected in Aklan during Typhoon Haiyan⁴¹. Twenty of the most affected *barangays* (village units) were chosen in each province for data collection.

³⁸ 2015 Census data

³⁹ Census of Population (2015). "[Region VIII \(Eastern Visayas\)](#)". *Total Population by Province, City, Municipality and Barangay*

⁴⁰ Census of Population (2015). "[Region VI \(Western Visayas\)](#)". *Total Population by Province, City, Municipality and Barangay*

⁴¹ "State of calamity in 5 provinces, 6 towns, 1 city," www.rappler.com. 11 November 2013.



Attention to linkages between SGBV prevention and response and disaster preparedness, response and recovery⁴²

The Philippines has several policies, laws and regulations that deal with gender equality and gender mainstreaming in different sectors of planning, development and protection. This is provided for in the Constitution, civil law and criminal law. The coverage of Philippines laws on SGBV prevention and protection only refer to women and girls, and does not cover the legal recognition and protection of LGBTQI in any kind of setting. However, as of this writing, there are a number of pending bills on Sexual Orientation and Gender Identity (SOGI) in the lower house of Congress which, if passed, would legally prohibit acts of discrimination against a person on the basis of his or her sexual orientation or gender. Some of these acts may also fall under the category of SGBV. **For a detailed explanation of these laws and their challenges in implementation, please see ANNEX B. The rest of this section focuses on laws and policies which explicitly address SGBV prevention and response during disaster time.**

There is only a limited number of laws that specifically deal with SGBV in a disaster setting. These are: the DRRM Act, the Children's Emergency Relief and Protection Act, and to some extent the Special Protection of Children Against Abuse, Exploitation and Discrimination Act. However, there a number of rules and regulations issued by core agencies tackling SGBV—such as the DSWD, Philippine Commission on Women (PCW), and Department of Health (DOH)—that operationalise the provisions in these laws.

Human Rights Law:

1. Women in Development and Nation Building Act (RA 7192)

Prevention

In accordance with the Constitutional principle recognising the legal equality of women and men, and the role of women in nation building, this law paved the way for gender mainstreaming in government planning, budgeting and local structures. Some of the highlights of this law are:

- (a) providing clear governmental mandate to the National Economic and Development Authority (NEDA) and PCW to assess the integration of gender and development in various government plans
- (b) mandating a minimum allocation for gender and development (GAD) for all official development assistance (ODA)
- (c) collection of sex disaggregated data and inclusion of such data in planning and project documents

⁴² This section was researched and written by Ms Pauline Caspellan-Arce, Regional Disaster Law Officer, Philippines



2. GAD Budget Policy

Prevention

Important to the operationalisation of the State policy on gender equality is the introduction of a GAD Budget Policy in 1994 which ensured that fiscal planning reflected the commitments to mainstream gender in development planning. Based on this policy, the budget of all government agencies, both at national and local levels, should allocate at least five per cent to GAD activities. There is no legislation that mandated the five per cent allocation provided for in the GAD Budget Policy, but the Implementing Rules and Regulations (IRR) of RA 7192 is instrumental in this respect. While RA 9712 established that a certain percentage of ODA be allocated for GAD programs for women, it is the law's IRR that included not only ODA but also the government's budget from regular or supplementary sources within the coverage of mandatory GAD allocation.⁴³ The NEDA, Department of Budget and Management (DBM) and the PCW issued Joint Memorandum Circular (JMC) No. 94-1 that "provided the policy framework and procedure for integration of GAD into agency plans and proposals" and "the incorporation of the GAD Budget Policy in the National Budget Memorandum and the General Appropriations Act (GAA)."⁴⁴ The minimum five per cent allocation for GAD activities has since then been included in the GAA. PCW oversees monitoring the budget allocation and its effectiveness.

3. Magna Carta for Women (RA 9710)

The Magna Carta for Women is the core human rights legislation for the promotion of women's participation in all spheres of decision-making in the Philippines⁴⁵ and the protection of women from all forms of harm. It was legislated in 2008 in accordance with the Philippines' ratification of the CEDAW and its optional protocol. In terms of protection during disasters, the Magna Carta enshrines the responsibility of the State to protect women from all forms of abuses and dangers, including the dangers wrought by natural disasters and other calamities.

Section ten of the Magna Carta recognises women and girls' right to be protected and secure in times of disasters, calamities and other crisis situations, and the responsibility of the State to provide for immediate humanitarian assistance, allocate resources, and provide early resettlement for affected women, if necessary. The State also has the responsibility to ensure women and girls' full protection from sexual exploitation and other gender-based violence. Disaster response services catered towards the needs of women include: psychosocial support, livelihood support, education, and comprehensive health services, including protection during pregnancy.

There are two core ways of operationalising these State responsibilities. One is through **women's participation**, by legally mandating that all local DRM councils must ensure the participation of women in the development of local disaster risk management programs.⁴⁶ The second is through **planning**, by mandating a standard for DRM planning wherein the local "work and financial plan" must be developed and implemented in a gender responsive and rights-based way.⁴⁷ The DRM work and financial plan should cover the following elements:

⁴³ See IRR of RA 9712, Rule VII, Section 12, which states that:

"The activities embodied in this IRR shall be implemented using the regular budget of the government departments/agencies. In cases where some critical activities cannot be funded from the regular budgets, the concerned government departments/agencies, and the LGUs shall be advised to source these from supplementary budgetary requests."

⁴⁴ Illo, Jeanne Frances, et al. *Accounting for Gender Results: A Review of the Philippine GAD Budget Policy*. Miriam College – Women and Gender Institute, Quezon City, 2010.

⁴⁵ Abarquez, Imelda and Parreño, Nancy Endrinal. *Review of Gender Equality in DRRM*, World Bank, 2014. Accessed at [http://library.pcw.gov.ph/sites/default/files/Reviewper cent20ofper cent20Genderper cent20Equalityper cent20inper cent20DRRMper cent20per cent20Finalper cent20Report.pdf](http://library.pcw.gov.ph/sites/default/files/Reviewper%20ofper%20Genderper%20Equalityper%20inper%20DRRMper%20per%20Finalper%20Report.pdf)

⁴⁶ IRR of RA 9710, Section 13(A)

⁴⁷ IRR of RA 9710, Section 13(B)



- Coordinated and gender sensitive response by government and non-government humanitarian actors
- Collection and use of sex and age disaggregated data and reproductive health indicators in post-disaster assessment, for strategic gender analysis and comprehensive health services, including a MISP for sexual and reproductive health at the early state of the crisis
- Responsibility of camp managers to create proactive measures to prevent sexual violence in evacuation centres and relocation sites, such as:
 - ensuring security and safety of women and children will be a key consideration in the selection of evacuation centres
 - WASH facilities are designed to be safe and with privacy
 - regular security patrols preferably by female police officers, prohibition of alcohol, drugs and gambling, among others
 - active involvement of women in camp management committees

Disaster Risk Management (DRM)/Civil Protection

1. Philippine DRRM Act of 2010 (RA 10121)

The overarching law on DRM is the Philippine Disaster Risk Reduction and Management Act of 2010 (RA 10121). It contains the basic institutional structure and mandate of government agencies responsible for DRM from the national down to the local level, the normative standards required of both government and non-government stakeholders, funding mechanism, vertical and horizontal coordination, and penalties for violation of offenses related to the regulation and distribution of disaster relief.

Prevention and Response

In terms of prevention of SGBV, the DRM law focuses on the responsibility to immediately provide for the special needs of women, children, and breast-feeding mothers.⁴⁸ It is State policy to ensure that disaster risk reduction and climate change measures are gender responsive,⁴⁹ and that gender analysis is part of early recovery and post-disaster needs assessment.⁵⁰ Membership of the GAD focal point in each Local Disaster Risk Reduction and Management Council (LDRRMC) is one mechanism that ensures SGBV protection concerns in emergencies are coordinated within the LDRRMC.

The IRR generally incorporates the principles in CEDAW relevant to standards of humanitarian assistance, but contains nothing more specific on SGBV protection mechanisms, in respect of prevention, response, criminalizing SGBV, or support to SGBV survivors.

⁴⁸ Under Section 12(c) (16), it is the function of the LDRRMO to “ensuring that there is an efficient mechanism for immediate delivery of food, shelter and medical supplies for women and children, endeavor to create a special place where internally-displaced mothers can find help with breastfeeding, feed and care for their babies and give support to each other” in emergency response and recovery.

⁴⁹ Section 2. *Declaration of Policy.* -

(j) Ensure that disaster risk reduction and climate change measures are gender responsive

⁵⁰ Section 9. *Powers and Functions of the OCD.*

(m) Conduct early recovery and post-disaster needs assessment institutionalizing gender analysis as part of it;



Child Protection

2. Special Protection of Children Against Abuse, Exploitation and Discrimination Act (RA 7610)

RA 7610 is a special law that covers the protection and rehabilitation of children gravely threatened or endangered by the circumstances which affect (or will affect) their survival and normal development and over which they have no control.⁵¹

In terms of prevention and protection against SGBV in a disaster-context, this law criminalizes (a) prostitution and other forms of sexual abuse of children; and (b) trafficking of children, including in situations where children are victims of a man-made or natural disaster or calamity, which is considered as a “circumstance which gravely threatens or endangers the survival and normal development of children”.⁵²

3. Children’s Emergency Relief and Protection Act of 2015 (RA 10821)

RA 10821 is a special law addressing the needs of children, pregnant women and lactating mothers before, during and after an emergency. RA 10821 mandates government to establish a Comprehensive Emergency Program for children, pregnant women and lactating mothers, which will provide the minimum activities of both government and non-government stakeholders in: (a) protecting them against all forms of violence, cruelty, discrimination, neglect, abuse, exploitation and other acts prejudicial to their interest, survival, development and well-being; and (b) supporting their immediate recovery.⁵³ Most components of the Program will be implemented immediately after the declaration of a national or local state of calamity or occurrence of any other emergency situation,⁵⁴ but others will already be operational at the preparedness stage.

Prevention

Learning from experiences during Typhoon Haiyan, the law provides for a protection mechanism against SGBV during emergencies with respect to children – girls and boys. One of the components of the Program is to put in place “stronger measures to ensure the safety and security of affected children” in areas declared under a state of calamity.⁵⁵ The mechanism targets the prevention of child trafficking, labour and prostitution, domestic and sexual violence.

Moreover, the law mandates that the entire Program be gender sensitive. This general pronouncement is more concretely reflected in the IRR with respect to the rules guiding SGBV prevention. For example, **the IRR ensures that transitional sites and evacuation centres, including WASH facilities, are designed to be women and child friendly, and includes specific measures aimed to increase access, dignity and safety of these facilities.**⁵⁶ **RA 10821 requires all government agencies and CSOs assisting affected children in disasters to have a child protection policy – this would include mechanisms to ensure that girls and boys are not subjected to any form of abuse or exploitation during and after an emergency, including SGBV.**⁵⁷ To emphasise the high standards of behaviour

⁵¹ RA 7610, Section 2, para 2

⁵² RA 7610, Section 3(c)(5)

⁵³ See Section 2 on Declaration of Policy and Section 4 Comprehensive Emergency Program for Children

⁵⁴ Section 4, para 1

⁵⁵ RA 10821, Section 4(d)

⁵⁶ See Rule 5, Section 1(d) and Rule 6, Section 3 of RA 10821 IRR

⁵⁷ Section 2. Heightened Safety and Security Alert. x x x (b). All levels of Local Councils Against Trafficking and/or Violence Against Women and Children (LCAT-VAWC) Desks shall be on heightened safety and security alert in areas under a state of calamity. They shall establish desks or assign focal persons in evacuation centres and transitional shelters primarily to implement



required of humanitarian volunteers, the IRR appoints the LDRRMC to ensure that all emergency responders formally commit to a Code of Conduct to prevent future acts of sexual exploitation and abuse.⁵⁸

Response

In case there is an incident of SGBV, this law identifies camp managers as primarily responsible for assessing and referring cases of SGBV to the proper authorities.⁵⁹ Local Council on Anti-Trafficking and Anti-Violence Against Women and their Children (LCAT-VAWC) desks / focal points in evacuation centres and transitional sites are responsible for the monitoring, coordination and referral mechanisms against trafficking and abuse of girls and boys, women and men in the aftermath of a disaster.⁶⁰ Department of Health and DSWD have the responsibility to coordinate through the SGBV sub-cluster so as to prevent and respond to sexual violence in emergencies.⁶¹

Criminal penalties

The law does not criminalise the violation of its provisions, but most of these violations are also considered as criminal acts with fines and/or imprisonment as penalty in other criminal laws (either in the Revised Penal Code or in applicable special criminal laws).

Support to SGBV survivors

Rule nine, Section nine of the IRR squarely deals with “services for survivors of gender-based violence”. It is part of the standards and responsibilities in delivering health, medical and nutrition services which is covered by Rule 9. During an emergency, health workers are to be deployed in evacuation centres and transitional sites to provide clinical and psychological care for SGBV survivors. The deployment is coordinated through Women and Child Protection Units in health facilities and LCAT-VAWC desks in the evacuation centres and transitional sites.⁶²

Challenges to Implementation of SGBV laws:

Insufficient collection and management of SGBV data

Integration of sex and age disaggregated data collection methods in pre- and post-disaster needs assessments has been legally mandated since 2010 through the DRRM Act and more recently in 2015 through the Children’s Emergency Relief and Protection Act. The proper collection of disaggregated data and translation of these into useful information are key to the continuous improvement in implementing SGBV laws in emergencies.

The Philippine Statistics Authority (PSA) annually publishes data on GAD-related indicators. Nonetheless, these do not include data for SGBV in emergencies. Government agencies in charge of emergency management, such as the Office of Civil Defense (OCD) and DSWD, as well as the PCW and the National Statistics Coordination Board (NSCB), have post-disaster needs assessment templates that include questions for disaggregated data

monitoring, coordination and referral mechanisms against trafficking and abuse of girls and boys, women and men in the aftermath of a disaster.

(c) Checkpoints at airports, piers, bus terminals, and other points of entry shall be set up to prevent cases of child-trafficking during large-scale evacuations. Guidelines for the safety of women and children in transit shall be established.

⁵⁸ IRR of RA 10821, Rule 9, Section 9(f)

⁵⁹ IRR of RA 10821, Rule 9, Section 9(d)

⁶⁰ IRR of RA 10821, Rule 9, Section 9()

⁶¹ IRR of RA 10821, Rule 9, Section 9(b)

⁶² IRR of RA 10821, Rule 9, Section 9(a)



gathering and reporting, but it is difficult to say whether such disaggregated data are processed and / or used for their intended purpose under the abovementioned laws. For example, there is no easily accessible evaluation report on whether disaster preparedness or response actions have been adjusted as a repose to the sex and age demographics of a vulnerable or disaster affected area since these laws were passed.

Using desktop research, there is not enough available information that can be gathered from government agencies specifically on the efficacy of implementation of anti-SGBV laws and regulations in the context of a natural disaster or other emergency. However, some SGBV incidents in evacuation centres, post-Typhoon Haiyan, had been featured as “stories” in the media. Most of these share stories on human trafficking and sexual abuse of internally displaced persons.⁶³ A media report observed that there was insufficient police presence in the evacuation centres in Haiyan affected areas. As there is no official evaluation of publicly available (online) information, it is difficult to say whether this situation has changed in more recent natural disasters 2014 onwards. Some government agencies have made efforts to improve collection of disaggregated data on SGBV in a general context. There have also been efforts to make these accessible to the public, but regularly updating this data and translating it into useful information for policy change or improvement of implementation remains to be a challenge.

Legal Referral Pathways and Psychosocial Support

Findings from a 2014 Oxfam workshop report examining gender issues in Haiyan recovery and rehabilitation recommend strengthening capacities of local government units and other service providers in responding to SGBV incidents.⁶⁴ Moreover, the scarcity of local rape crisis centres in the country means that there is a limited number of places where victims of rape and other forms SGBV can go to and seek psychological counselling or legal assistance.⁶⁵ This is a big challenge to the effective implementation of SGBV laws and regulations, especially after emergencies where most local government systems in the affected areas break down.

Funding and Programming

The policy on mandating minimum 5 per cent GAD funding is a useful measure to ensure the integration of GAD concerns into local government planning. However, as can be seen in the lack of local rape centres and the need to further capacitate local government offices in implementing anti-SGBV laws (primarily through local VAWC or LCAT-VAWC desks in each LGU), minimum compliance with the 5 per cent allocation seems insufficient to support programs focused on GAD, as opposed to indirect attribution to other government programs helping to strengthen GAD.⁶⁶ Programming to combat SGBV, whether in normal times or in emergencies, requires a strong link to implementation of reproductive health measures to ensure that women and girls are protected from the spread of sexually transmitted infections as a result of SGBV.

⁶³ Olan, Sarah Jayne. “How disasters make women and children vulnerable to abuse”, in Rappler, 03 December 2014, accessed 13 December 2017 at <https://www.rappler.com/move-ph/issues/disasters/76859-disasters-women-children-vulnerable-abuse> ; see also Imelda Abano, “Special Report for Women’s Month: Gender-based Violence continues in disaster stricken areas”, in environews.ph, 05 March 2016, accessed at <http://environews.ph/climate-change/special-report-for-womens-month-gender-based-violence-continues-in-disaster-stricken-areas/>

⁶⁴ Reyes, Melanie et al., *Women After the Storm: Gender Issues in Haiyan Recovery and Rehabilitation* (Workshop Report), 2014, Oxfam, accessed at www.library.pcw.gov.ph/sites/default/files/womenper_cent20afterper_cent20theper_cent20storm.pdf . Hereinafter “2014 Oxfam workshop report”.

⁶⁵ Padilla, Clarita. “Dangerous times for women in a culture of rape in the PH”, in Rappler, 04 August 2017, accessed 13 December 2017 at <https://www.rappler.com/thought-leaders/177403-dangerous-times-women-philippine-culture-rape>

⁶⁶ 2014 Oxfam workshop report



2.2 Research Findings and Analysis

Quantitative findings

Summary statistics for sample population

A total of 805 respondents participated in this household survey, 402 female respondents and 403 males. The average age of respondents is 42 and 95 per cent of the sample population is literate. The main occupations of respondents are housewife (22 per cent), farming (11 per cent), retail trade (nine per cent) and fisheries (nine per cent). The majority of respondents are Roman Catholic and the average household size is five individuals per household. Sixty two per cent of respondents are married and a further 23 per cent are in a relationship. Sixty six per cent of the sample population (n=528) left their home during the disaster and lived in temporary housing. The two major reasons for leaving their homes, shared respondents were because their houses were damaged (76 per cent) and they were worried about their personal safety (56 per cent). Twenty eight per cent lived in a relative's house, 23 per cent in an evacuation centre, 15 per cent in a temporary shelter and 19 per cent in "other" housing, including churches, schools and *barangay* halls. Fifty eight per cent of the sample population lived in temporary housing for less than one week, 18 per cent between one to three weeks and nine per cent between one and six months.

Women's participation during relief distributions and on shelter management committees

Women's participation in the Philippine context, both during relief distributions and on shelter management committees, was higher than Indonesia and in Lao PDR. Eighty seven per cent



of respondent said they saw women actively involved during relief distributions, most them handing out packages (82 per cent) and leading the relief distributions (52 per cent).

Forty two per cent of respondents stated there was a shelter management committee. Over half of these respondents said there were women on these management committees (on average four women per committee). The three main roles women held on these committees were managing relief distributions, organising shelter activities and heading the committee itself.

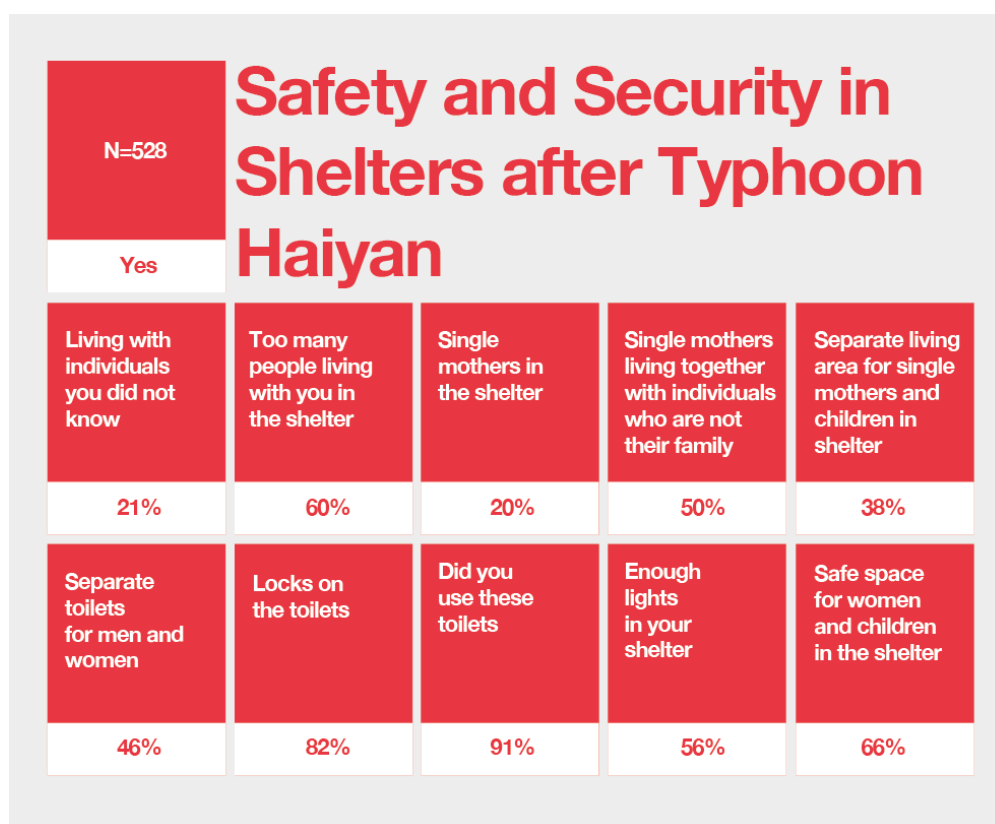
Despite these encouraging numbers, the layout and security situation in some temporary housing was problematic. **Out of the 528 individuals who lived in temporary housing after Typhoon Haiyan. Sixty per cent said that they were living with too many people and 54 per cent said that there were no separate toilets for men and women. Forty four per cent also stated that there were not enough lights in their shelter and 34 per cent expressed there were no safe spaces for women and children.**

Past literature for other disaster affected contexts illustrates that all these factors increase the risk of SGBV prevalence.⁶⁷ One female respondent added at the end of her interview: *“There should be equal relief distribution among community members. In that way, others would not opt to find for other alternatives just to fulfil their needs.”*

⁶⁷ “What Works to Prevent Violence”: <https://www.whatworks.co.za/documents/publications/17-responding-to-typhoon-haiyan-women-and-girls-left-behind/file>



Table 1: Safety and Security in Shelters after Typhoon Haiyan



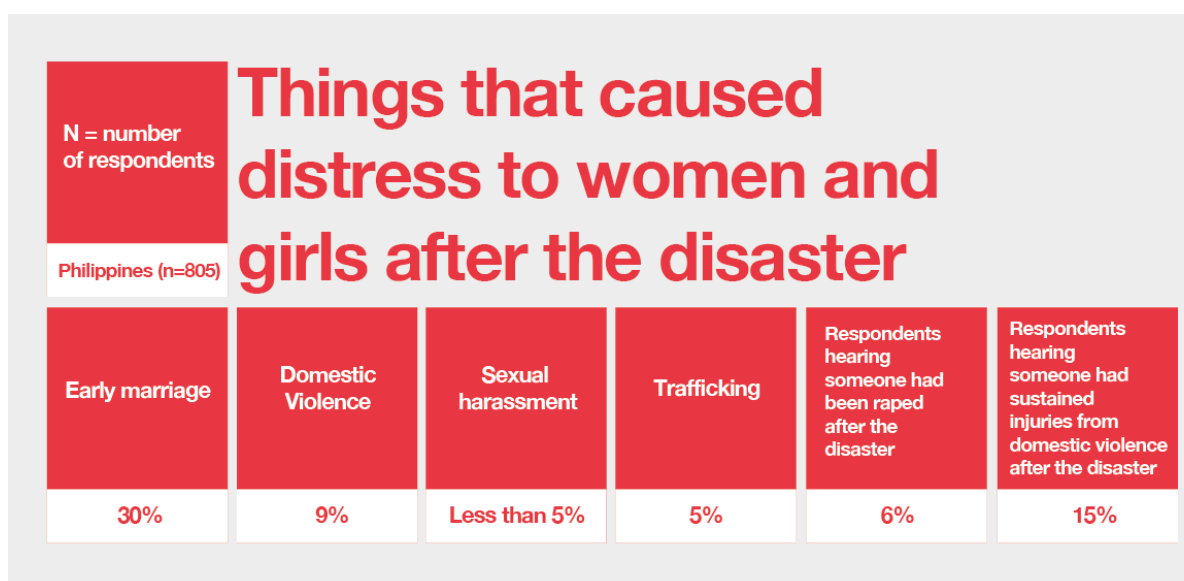
Based on the abovementioned gaps in safety and security in temporary housing, 48 per cent felt that the biggest security concern for women and girls is going out alone. Nine per cent of respondents also mentioned that being inappropriately looked at or touched was of great concern. For men and boys 45 per cent stated that there was no security concern, followed by 27 per cent stating that going out alone was.

SGBV in the aftermath of the disaster

SGBV occurred during all disasters and country contexts analysed within this study. However, the type of SGBV differed. In the Typhoon Haiyan context, more Leyte based respondents spoke of SGBV causing distress to women and girls after the disaster. Trafficking, for example, was only mentioned by Leyte based respondents. Leyte and Samar have a history of trafficking even before the disaster. Early marriage, like in Indonesia and Lao PDR, occurred at higher rates than other types of SGBV.



Table 2: Things that caused distress to women and girls after the disaster



When respondents were asked who the perpetrator is, the majority of them answered “husband” (13 per cent) or “male community member” (14 per cent).

Three quarters of the sample population were either married or in a relationship during and in the direct aftermath of Typhoon Haiyan. **When asked how often in a month partners experience conflict with each other, 62 per cent answered once or twice, seven per cent answered weekly and three per cent experience conflict with their partners daily⁶⁸.**

These 686 respondents were specifically asked the type of SGBV he or she faced in the 6 months following the disaster⁶⁹. Thirteen per cent of respondents (68 of them female, 21 of them male) stated that their partner insulted or swore at them one-two times. Five per cent expressed (27 of them female, nine of them male) their partner threatened to hurt them one-two times, two per cent (nine of them female, two of them male) stated they were threatened with a knife or a gun and one per cent (four of them female and five of them male) said they were threatened or forced to have sex when they did not want to.

⁶⁸ This data is different from Table 3. These are responses from the following question in the household level survey: “When two people are married or living together or in a serious relationship, they usually share both bad and good moments. And it is normal for people who are in relationships to have arguments. How often in a month, would you say, that you argue or have some sort of conflict between you and your partner?” This table presents number of female and male individuals affected, not percentages.

⁶⁹ This data should not be interpreted as the level of prevalence which typically occurs during and after a disaster. Measuring SGBV prevalence is a complicated task which requires collecting longitudinal data and having access to baseline information before and after the disaster in question.



Table 3: SGBV by partner following the disaster in the Philippines⁷⁰:

N = 686	Insulted or swore at you		Threatened to hurt you		Threatened you with a knife or gun		Pushed you down or kicked you		Hit you with a fist or something else		Threatened or forced you to have sex when you did not want to	
	F	M	F	M	F	M	F		F	M	F	M
1-2 times	68	21	27	9	9	2	7		4		4	5
3-5 times	18		7		5		3		8		3	
6 or more times	8		5		1		3		1		1	
Weekly	8		0		0		1		1		1	
Daily	4		2		1		0		0		0	

Based on household survey results, risks to SGBV do increase during and in the immediate aftermath of disasters.

When respondents felt that SGBV prevalence increased during Typhoon Haiyan, it is largely due to lack of employment, followed by lack of food and water, adolescents being separated from their families and lack of security. It is vital for strong referral pathways, multi-sectoral coordination between the health, psychosocial, security and legal services to be functioning and for longer-term, community-based support systems for survivors to be initiated or continued if already existing.

⁷⁰ Data given as number of individuals, not percentages.



The final results section shed light on the availability of services for survivors in the temporary housing setting during disasters.

Availability of services and suggested support programmes for female and male survivors

When respondents were asked about the availability of services in their shelters and communities or nearby, there is little difference between respondents who lived in temporary housing after the disaster versus those who stayed in their communities. Psychosocial support is the lowest, whereas legal support and existence of police stations is the highest. This is different from the other two countries in this study. In Indonesia, there is very low legal support (only three per cent) and better availability of all services within or nearby shelters. In Lao PDR, there is availability of both government run health clinics and traditional village healers, however availability of psychosocial (three per cent) and legal support (four per cent) is very low.

Table 4: Availability of services

	(Mobile) Health Clinic	Psychosocial Care	Legal Information Programme	Police station
In shelters N=528	36%	22%	51%	76%
In the community N=277	34%	23%	50%	84%

Besides the availability of the abovementioned services, a primary aim of this study is to understand from community members themselves, what type of support and coping mechanism are critical and helpful for female and male survivors.



Community-based action: How do female and male survivors want to be supported?



Support group for women: 50% of respondents said this is an important coping mechanism for female SGBV survivors



Support group for men: 40% of respondents said this is an important coping mechanism for male SGBV survivors.



Legal aid and awareness: 38% of respondents said both female and male survivors require more legal aid and awareness specific to SGBV



Talking it over with family: 30% of respondents said it would help female and male survivors to talk about such issues to their family members

Other support: 29% of respondents said that male and female survivors need “other” kind of support, which includes:



Stronger linkages to DSWD
Support from Barangay leadership



Livelihoods



Recreational sports



A female respondent shared at the end of her interview that it is important to do the following for SGBV prevention during disasters:

“Strengthen disaster awareness and preparedness at the barangay and family level... Establish dos and don’ts. Create women friendly and child friendly evacuation centres. Comfort rooms should be secured in evacuation centres...Parents should secure children especially girls’ curfew.”

The following section covers key themes, which emerged during the FGDs and KIs.

Qualitative findings:

A total of 12 FGDs were conducted in the Philippines, eight in Leyte and four in Aklan. Three of the FGDs were with adult men (18-60), three with adult women (18-60), three with adolescent boys (13-17) and three with adolescent girls (13-17).

Table 5. Number of FGD respondents

	Men	Women	Boys	Girls	Total
Aklan	10	10	10	10	40
Leyte	12	20	15	19	66
Total	22	30	25	29	106

What do adolescent girls and boys think?

During FGDs with adolescent girls and adolescent boys, participants mentioned early marriage increasing in the aftermath of Typhoon Haiyan because of “no comfortable shelters” (adolescent girl). Another adolescent girl in Aklan emphasised:

“We need to prepare safe evacuation centres. Let people know the safe places in the community. Give early warning to the public when disaster strikes. Have safe places for single parents, families and LGBTQIs”

Adolescent girls discussed other types of SGBV present in their communities, which were not necessarily disaster related, including child sexual abuse, sexual exploitation and harassment.



To prevent SGBV, adolescent girls shared, it is important to instate a curfew, put up street lights, conduct a seminar on teenage pregnancy, ensure that they barangay security patrol is active and that there are livelihood interventions for women and girls. They also discussed how adolescent boys express themselves differently and that they would benefit from a support group.



One of the adolescent girl participants from Leyte states:

“There should be an organisation just for the boys. Because, they are ashamed of revealing their feelings to anyone”

During FGDs with adolescent boys in Leyte, early marriage, sexual exploitation and abuse, sexual harassment and sexual abuse in schools were brought up. After Typhoon Haiyan, some of the adolescent boy participants expressed that “many young individuals get married. Specifically, one participant said it is because:

“They do not have houses yet and they live like sardines in one house”

Boys and men were also repeatedly observed to be watching women and girls as they were bathing or changing their clothes as “shelters had not been completely built.” Another form of SGBV that occurs more frequently, adolescent boys in Leyte said, is sexual exploitation and abuse by gay men towards adolescent boys (sex in exchange for money, computer games, snacks). An adolescent boy participant said:

“Some men in the streets usually engage in sex (with gays) for money.”

During non-disaster time, adolescent boys mentioned that sexual harassment in schools, especially by teachers, is occurring in their communities. One of the participants explained:

“Some of our own teachers harassed some students” and that *“Local barangay officials don’t organise and facilitate interventions regarding this matter”*



Adolescent boys in both Leyte and Aklan were adamant during their recommendations that seminars for parents should be conducted to prevent abuse and violence in families. Also, activities which address SGBV that occurs to girls and boys in school should be organised. Students and community members need to know what should be learned about SGBV prevention and response. Schools also need to take steps to address perpetrators who are teachers or school staff. NGOs should organise seminars on SGBV awareness.

What do adult women and men think?

One of the activities during FGDs, involves all participants reading out a scenario which mentions sexual exploitation and abuse in shelters. One of the adult male participants in Leyte expressed:

“It was sexual abuse because the mother did not want to [engage in such acts]. It steps on human rights and divine laws and principles” --- “It is not right to ask for such favours in exchange for food”

Another adult male participant who described the reporting system in their *barangay*, mentioned that it is better to follow a “due process.” Such a process includes: (1) reporting to the barangay (2) the *barangay* will pass the report on to the police and (3) the police will refer



to an agency like DSWD. However, despite such a referral pathway being in place, other adult male participants said:

“Men sometimes do not share or report incidents because they are ashamed of being judged or mistreated by the members of the barangay...crime will not happen if offenders know these actions (SGBV) are punishable by law.”

Adult men in Leyte also emphasised that there should be a community-based counselling centre, where staff knows how to handle disclosures by SGBV survivors. Another recommendation is to regularly monitor the *barangay's* security personnel.

The FGDs, during this research project, have also been a window into deeply embedded community stereotypes, norms and beliefs. For example, during an FGD with adult women in Leyte, some of the women started discussing which groups of individuals are more at risk for SGBV. One of the adult women described who she thought is more “likely to be raped.” She said:

“Outgoing children, flirt, wearing sleeveless and ‘too short’ shorts. That’s why they’re raped”

“Gay are the harassers. They harass men. Who else is to be blamed if a man gets raped? Straight men do not usually do those things.”

And for women who experience inter-personal violence with their partners stated that “*It’s normal here.*” Another female, adult participant expressed that she worries especially about children and adolescents, lamenting that:

“For me these incidents usually happen to those young ones who are not being guided well by their parents. Drunk men are ‘drunk,’ we cannot predict their minds in this state. That’s why we should look after our children especially at night.”

What caused many adult women in both Leyte and Aklan distress was there time in temporary housing.

“Strangers. We only lived in tents, tendency was, we can be harmed right away. Hearsay about unknown people who will knock at your doors to ask for food or money, and if you don’t give them what they want, you’ll get killed or raped” said a female participant in Leyte.

In Aklan one adult female participant said that community leaders should prepare safe and secured evacuation areas. They should also create livelihood activities or trainings involving women and adolescent girls.

All FGD participants were also asked to list what their community should prioritise for SGBV prevention and response during disasters. This list was then further narrowed down to immediate priorities versus interventions which can be implement within three years or within six years. The table below summarizes results of this exercise for one year and three years. Participants did not give any answers for important interventions in six years.



Table 6: Suggested community-based interventions for SGBV prevention by FGD participants

Type of FGD participant	Within 1 year	Within 3 years
Adolescent girls 	Putting of street lights Construction of evacuation centres Conduct self-defence activities Construction of gender responsive "comfort rooms"	Sports facilities and more recreational activities (such as basketball and youth sports clubs) Security personnel for barangay
Adolescent boys 	Respect females within the community Appoint guards or watchmen to maintain peace and order Construct evacuation centre conducive for safety and privacy needs of the evacuees SGBV awareness seminars for parents on how to prevent abuse within families Sports activities	Orientation in schools
Adult men 	Have enough street lighting in communities Additional evacuation centres and separate spaces in evacuation centres	
Adult women 	Seminars on SGBV awareness Livelihood Curfews and street lights	



Themes emerging from the KIIs

Four clear themes emerged from the KIIs:

- (1) The lack of separate spaces for men and women, separate toilets and bad lighting in evacuation centres and other types of temporary housing as increasing risks to SGBV during disasters.
- (2) The need for child protection committee, SGBV prevention awareness in schools and better knowledge on case handling with adolescent girls and boys as each community mentioned child sexual abuse cases.
- (3) The need to better understand and incorporate preparedness, response and recovery for lesbian women, gay men, transgender, queer and intersex individuals, also referred to as “sexual and gender minorities.”
- (4) The need to train and build stronger referral pathways at the *barangay* level and to ensure that the VAWC desks are permanently there, rather than being changed during every *barangay* election cycle.

The following recommendations and areas for advocacy are based on both the quantitative and qualitative results.





2.3 Recommendations and areas for advocacy

To all actors



- **Include** SGBV prevention and response and an emphasis on women's, men's, boys' and girls' safety at all levels of disaster preparedness and planning.
- **Ensure** that all data collection tools, but especially baseline data collection tools used during and after disasters, include questions on women's, men's, boys' and girls' safety, possible signs of SGBV and existing support systems and services. This data should be disaggregated by sex, age and disability.
- **Strengthen local capacity to prevent and respond to SGBV during and after disasters by specifically investing in training of disaster responders at all levels.**
- **Include** women's sector, women's community-based organisations and LGBTQI groups, in the *Inter-Agency Standing Committee* (IASC) cluster planning and implementation stages of disaster response, prioritising their ability to fully function as organisations during disasters, so they can provide support services, to SGBV survivors.

To government and sector specific actors



The Police sector: Individuals interviewed in the police sector (the Municipal Women and Children Protection Desk), in both Aklan and Leyte, had some of the following recommendations:

- **Ensure** temporary shelters/evacuation centres have a concrete separation per family/women/men/couples for privacy sleeping, toilet, bathing, washing
- **Support** to women to engage in livelihood, income generating trainings and activities providing initial capital fund"
- **Continue** free course for SGBV survivors in coordination with the Technical Education and Skills Development Authority (TESDA) – can be included in Gender and Development (GAD) plan and (Local Government Unit) LGU/Police
- **Provide** specialized training for *barangay* VAWC desk and guidance in *barangay* planning and budgeting to incorporate GAD and SGBV support
- **Focus** on men and boys for SGBV awareness

Community leaders:

- Family orientation to prevent SGBV
- **Ensure** LGU complies with construction guidelines for evacuation centres (separate toilets for men and women) and that DSWD personnel is present to manage evacuation centres



- School-based orientation and awareness on child protection policy including sanctions/penalties for SGBV
- Set up child protection committees in schools/school-based awareness sessions on child protection; gender sensitivity with invited resource persons from police
- Family values education and parents' guidance on supervision to children/growing boys and girls
- Create gender balanced neighbourhood watch committees for increased safety and security at the community level
- **Continue** local DSWD Parent Effectiveness Service targeting both mothers and fathers.
- More in depth SGBV training for day care workers
- **Incorporate** SGBV sessions into DSWD 4P⁷¹ programme Community leaders in Leyte:
- Counselling services/provision of livelihood support to survivors/during disaster men and women should be separated in temporary shelter/build up community support to put up family/individual shelter as a priority
- **Incorporate** safety and security awareness in the family and community disaster preparedness plan

The Health and PSS sectors:

- Train health personnel on how to treat SGBV cases and understand referral flow. Train more PSS staff and health personnel in emergency response
- Orient Barangay Council on referring SGBV cases to proper authorities
- Activate school-based VAWC desk. Need permanent VAWC desk at *barangay* level – changes with each *barangay* level election
- Implement *Barangay* child protection care rules and regulations

Government agencies:

- **Create** LGBTQI council under GAD for creation in 2018
- The Philippines Provincial and Planning Development Office (PPDO) and GAD should spearhead awareness on SGBV prevention
- Implement SGBV prevention campaigns in evacuation centres and shelters and strengthen referral system.
- **Propose** to have task force on SGBV in disasters with representation from LGBTQI PPDO-GAD council to spearhead with multi-sector representation
- SGBV coordinator during disaster at provincial and municipal levels
- Include mitigation and prevention measures for SGBV in disaster planning and budgeting and amend the law on DRR protection
- Integrate SGBV prevention in DRRM plan

⁷¹ The Pantawid Pamilyang Pilipino Program: a conditional cash grant programme for individuals who live below the poverty line. Individuals receive health or education grants, on the condition that: Pregnant women must avail pre- and post-natal care, and be attended during childbirth by a trained professional; Parents or guardians must attend the family development sessions, which include topics on responsible parenting, health, and nutrition; Children aged 0-5 must receive regular preventive health check-ups and vaccines; Children aged 6-14 must receive deworming pills twice a year; and Children-beneficiaries aged 3-18 must enroll in school, and maintain an attendance of at least 85per cent of class days every month.



To the IFRC and PRC



- **Prioritise** the implementation of the revised IFRC Minimum Standards on Protection, Gender and Inclusion in Emergency Programming **and** *the Joint Action for Prevention and Response to SGBV training package* through local and branch level trainings on how to use and integrate this tool into preparedness and response plans.
- **Strengthen** communication and reporting mechanisms within IFRC and NSs should, so that data and analysis on SGBV is fully understood by all relevant actors involved in the humanitarian response and preparedness programs.
- **Integrate** SGBV prevention and response into all facets of disaster programming, including prevention, assessment and responses. Among IFRC internal documents, this includes integration in all Emergency Plans of Action (EPOA) and Disaster Relief Emergency Funds (DREFS). Specifically, use the RCRC Vulnerability and Capacity Assessment (VCA) tools and ensure that a gender and diversity analysis is integrated.
- **Integrate** protection, gender and inclusion (PGI) core competencies for each person deployed for a field operation. The core competencies measure a person's ability to identify and analyse the distinct needs, risks to and capacities of all women, girls, men and boys.⁷²
- **Continue implementing** early intervention and awareness programmes on SGBV prevention and response, such as the enhanced Violence Prevention module for the community-based health and first aid package (CBHFA), which includes messages on SGBV prevention.⁷³
- **Develop** holistic and survivor centred medical response during disasters, including the MISP and psychosocial support.
- **Partner** with external, specialized organisations and agencies who can strengthen a coordinated response for SGBV survivors. For example, the International Planned Parenthood Federation is the leading organisation on the implementation of the MISP and the United Nations Population Fund (UNFPA) and UNICEF lead the GBV sub-clusters in an emergency response.
- **PRC** should mainstream its SGBV prevention and response priorities into its following programmes and departments: (1) Health – in community-based health through community volunteers and emergency, (2) Health response – Emergency Response Units (ERU) Field Hospital, (3) SoS – PSS, welfare desks, (4) DMS – DRR and response (shelter, WASH, Livelihood, Cash Transfer Programming, (5) Volunteer/Youth - Red Cross Youth and RC 143 community volunteers.
- Create working group and designate full time PRC focal person to focus on SGBV in disasters and GAD programming (programme management, technical support, developing tools, training, monitoring, evaluation, coordination, etc).
- Pilot a PRC project on SGBV prevention, mitigation and response activities in areas most often affected by disasters through community-based programming and capability building support to service providers and responders.

⁷² There are three tiers of PGI competencies: for technical support staff, team leaders and leadership. Please contact the Inclusion, Protection and Engagement team in IFRC Geneva for more information.

⁷³ This Violence prevention module is currently being piloted in Bangladesh, Mongolia and Vanuatu.



Annex A: List of service providers in the Philippine

Type of service provider	Description of organisation	Contact information
Health	Leyte	
	Department of Health-Eastern Visayas Regional Medical Centre Women and Children Protection Unit – specifically looks at SGBV related cases	Dr R Manalo rem_manalo26@yahoo.com 09552151347
Psychosocial	Aklan	
	Municipal Social Welfare Officer Sexual and Gender Based Violence are cases served at MSWDO (Municipal Social Welfare and Development Office). *Trafficking intercept in Kalibo airport (women without proper documentation bound to Manila/Malaysia (international airport) * physical/economic/psychological abuse of women husband/partners * sexual abuse	*Lolly R Espino/ 09088812911/ lollyespino@yahoo.com *Ma Erлие Liza P 09189626216 peraltaela2@yahoo.com
	Local Government Unit - of Centre Aklan Comprehensive Centre for Women Provincial Social Welfare and Development Office, The centre caters to referred SGBV survivors for temporary shelter with 25 -40 persons capacity <ul style="list-style-type: none"> • VAWC- physical, psychological and economic • WEDC- women especially difficult conditions (physical injury and psychological) 	Happy Lyn Sutacio Abao/ happy_abao@yahoo.com.ph



	<ul style="list-style-type: none"> • CEDC –children especially in difficult conditions (incest rape, physical abuse, seduction, sexual abuse) • TIP –Trafficking in Persons – illegally recruited <p>MIC Men in Crises (psychological and physical)</p>	
Leyte		
	<p>City Social Welfare Development Office, TACLOBAN</p> <p>Provision of basic necessities/needs of women and children staying in the centre (foods, clothing, referral for medical care, personal hygiene items, support for education)</p> <p>*Psychosocial support – spiritual, outdoors recreational activities, skills training- baking, cooking, laundry, house cleaning with support of house parents.</p> <p>*LGU-Mayor’s office provided support to health-related concerns through MASA programme (pro poor programme) – health consultation, medicines, laboratory, birth delivery, etc.</p> <p>*Case management and testify to court hearing</p> <p>*Rescue children with police</p> <p>Women Shelter can accommodate 35 individuals (women and children) requiring temporary shelter. Maximum 6-month stay. Case to case basis- they have client who stays for four years.</p> <p>Accepts walk-in</p>	<p>Carmela D. Bastes Bcarme731@gmail.com 09289969244</p>
	<p>Municipal Social Welfare and Development Officer, LGU of Dulag Municipality, Leyte</p>	<p>Mildred Matol 09173233043 mildredmatol@gudulag@gmail.com</p>



	Gender-based Violence Watch Group Psychosocial services * Home visitation for follow up/monitoring * Referrals for medico-legal examination, filing of case *Counselling to survivors *Rescue of child abuse	<u>Community WSF Facilitators/GBV Watch Group</u> Nora Abarientos/09298793227 Crescencia Dionico
Legal	Aklan	
	Provincial Prosecutor's Office Prosecutor I * Legal assistance to complainants to court process- Counsel, supervise and stand for complainants any criminal cases. *Lead agency in Inter Agency Council for Anti Trafficking. *Dissemination and enforcement of laws	Atty Flosemer Chris I Gonzales
	Leyte	
	City Prosecutor's Office	Anthea G. Macalalag
Police	Philippine National Police, Aklan (municipality of New Washington) Municipal Women and Children Protection Desk	Telephone: 036-264-2165 0938-1167-896 E-mail: zoilatumlos@yahoo.com
	Leyte	
	San Miguel PNP	PO2 Claire L. Villasin 09750677753 globe 09193087027 smart
NGOs	Aklan	
	Leyte	
	Save the Children Coordinator for child friendly shelter and wash activities	Philip Ariane Oledan Philip.oredan@savethechildren.org
	Catholic Relief Services Gender Protection Officer	Aileen Repadas



Annex B: Legal Frameworks on SGBV Prevention and Response during normal times 1987 Philippine Constitution

Compared to its predecessors, the 1987 Philippine Constitution expressly recognises the legal equality of women and men⁷⁴; it also recognises that women's role in society and politics⁷⁵ still needs to be affirmatively promoted⁷⁶, and their basic needs prioritised⁷⁷, considering their historically disadvantaged position in society. The Constitution also makes it the State's responsibility to protect working women by providing safe and healthful working conditions.⁷⁸ The Constitutional provisions on the rights and role of women as well as the ratified international treaties that protect the rights of women and girls, serve as the basis for the passage of laws and regulation promoting and protecting women and girls' rights generally. This includes protection of women and girls from the impacts of disasters.

1. Family Code of the Philippines

The Family Code of the Philippines is the primary source of rights and responsibilities under Philippine family law. It provides the legal requisites of marriage, rights and obligations between husband and wife, legal separation and dissolution of marriage, property relations between husband and wife, paternity and filiation, support, paternal authority and emancipation. Other special laws that form part of Philippine family law are the Family Courts Act, the law and rules on domestic and inter-country adoption, and the Anti-Violence Against Women and Children Act (insofar as it concerns domestic violence).

Response

The Family Code identifies acts falling under SGBV as grounds for legal separation of marriage. Since the law does not distinguish, it is interpreted that the same rule applies when these acts are committed during or after a disaster. The following acts of SGBV are grounds for legal separation:⁷⁹

- (1) Repeated physical violence or grossly abusive conduct directed against the petitioner, a common child, or a child of the petitioner;
- (2) Attempt of respondent to corrupt or induce the petitioner, a common child, or a child of the petitioner, to engage in prostitution, or connivance in such corruption or inducement;

2. Family Courts Act of 1997

The Family Courts Act mandates the judicial system to establish a family court in every city or province, to exercise exclusive and original jurisdiction over cases of "domestic violence" against women and children, cases where the complainant (or defendant) is a child.

⁷⁴ Article II, Section 14. The State recognizes the *role of women in nation-building*, and shall ensure the *fundamental equality before the law of women and men*.

⁷⁵ Article VI, Section 5(2). The party-list representatives shall constitute twenty per centum of the total number of representatives including those under the party list. For three consecutive terms after the ratification of this Constitution, one-half of the seats allocated to party-list representatives shall be filled, as provided by law, by selection or election.

⁷⁶ Article VI, Section 5(2)

⁷⁷ Article XIII, Section 11. The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all the people at affordable cost. There shall be *priority for the needs of... women...*

⁷⁸ Article XIII, Section 14.

⁷⁹ Family Code of the Philippines, Article 55



Criminal Law

1. Revised Penal Code (RA 3815): Rape and other Acts of Lasciviousness

The Revised Penal Code is the cornerstone of Philippine criminal law. It lists punishable “felonies”: acts that are considered as inherently wrong. Since the Revised Penal Code was passed into law in 1930, it does not cover crimes committed in a manner not yet envisioned in that period, and some of its provisions have an antiquated view of what is punishable as a felony and what is not, especially those that are related to SGBV. However, some of its provisions have been amended and special laws passed to supplement to or add new crimes, to be more responsive to reality.

Prevention of and Response to SGBV

The Code’s provision on rape has been amended in 1997 to broaden the criminal acts covered. After the Anti-Rape Law of 1997 took into effect, “**rape**”⁸⁰ has become a felony that may be committed by a man or a woman, not gender specific but still caused either by gender inequality and/or abuse of power by the offender. The first type of rape can only be committed by a man to a woman -- when a man has “carnal knowledge” of a woman through either of the following means:

- a) *Through force, threat, or intimidation;*
- b) *When the offended party is deprived of reason or otherwise unconscious;*
- c) *By means of fraudulent machination or grave abuse of authority; and*
- d) *When the offended party is under twelve (12) years of age or is demented, even though none of the circumstances mentioned above be present.*⁸¹

The second type of rape goes beyond its traditional definition, stating that it can also be committed by any person, who, through the means mentioned above, “shall commit an act of sexual assault by inserting his penis into another person's mouth or anal orifice, or any instrument or object, into the genital or anal orifice of another person.”⁸² This type of rape is also called “**sexual assault**”.⁸³ The 1997 amendment makes “**marital rape**” by the husband criminally punishable, but forgiveness by the wife erases the criminal liability.⁸⁴

Commission of any such sexual act with a child below the age of 12 will always be considered as rape, as children of this age are presumed unable to give their consent to any sexual acts. Also, because of the 1997 amendment, there is a strong evidentiary presumption in favour of the victim in rape cases, whereby any physical overt act manifesting resistance against the act of rape in any degree from the victim, or where the victim is so situated as to render her/him incapable of giving valid consent, may be accepted as evidence in the prosecution of rape.⁸⁵

⁸⁰ Revised Penal Code, Article 266-A

⁸¹ Revised Penal Code, Article 266-A (1)

⁸² Revised Penal Code, Article 266-A (2)

⁸³ Guanzon, Rowena. *A parliamentary response to violence against women. Conference of Chairpersons and Members of Parliamentary Bodies Dealing with Gender Equality*, Inter-Parliamentary Union, Geneva, 2009, p. 64

⁸⁴ Revised Penal Code, Article 266-C

⁸⁵ Revised Penal Code, Article 266-D



The highest penalty imposed on the rape offender is the death penalty; since the Philippines has outlawed the death penalty, this has been replaced with life imprisonment without parole.⁸⁶

“Abuses against chastity” (Article 245) is a gender specific criminal act committed by (1) any public officer (male) who shall solicit or make immoral or indecent advances to a woman interested in matters pending before such officer for decision, or with respect to which he is required to submit a report to or consult with a superior officer; or (2) any warden or other public officer directly charged with the care and custody of prisoners or persons under arrest who shall solicit or make immoral or indecent advances to a woman under his custody. In terms of SGBV in disaster settings, this offense can cover situations where women and girls are exposed to the exercise of undue influence or intimidation by public officials who are key to processing their access to relief goods and other basic service, particularly as the chaos which ensues after a disaster may make women and girls more vulnerable to this kind of behaviour. It should be noted that this law only covers public officers and not non-government humanitarian actors.

Other SGBV crimes in the Revised Penal Code are **qualified seduction**⁸⁷, **simple seduction**⁸⁸, **corruption (prostitution) of minors**⁸⁹, **white slave trade (general prostitution)**⁹⁰. As mentioned, some of these crimes use antiquated or improper prerequisites for criminal liability, such as virginity, being between the age of 12 and 18 as opposed to applying a blanket rule for children, and being single or a widow “of good reputation”. Special criminal laws on SGBV that were passed later have a broader definition for what is a criminally punishable sexual act and have more consideration for gender sensitivity.

2. Rape Victim Assistance and Protection Act of 1998 (Republic Act No. 8505)

Response and Support to SGBV (rape) survivors

To encourage rape victims to come forward and find redress through the criminal justice system, the Rape Victims Assistance Act was passed in 1998 to codify State accountability in providing assistance and protection to rape victims.⁹¹ This law establishes a standard of behaviour for government officials engaged in rape case management and prosecution, one that is gender sensitive and responsive to the specific needs and trauma of a rape survivor, especially in terms of privacy or legal proceedings.

The Rape Victims Assistance Act establishes the “rape shield rule”, which means that as a general rule the evidence of the survivor’s past sexual conduct, opinion of such past sexual conduct or of his/her reputation shall be inadmissible as evidence in the prosecution of rape cases.⁹² This rule of evidence confronts the pitfalls of rape culture, where blame for the incidence of rape is unfortunately placed on a person’s prior sexual behaviour.

In addition, the Act mandates the establishment of a rape crisis centre in every province or city.⁹³ Unfortunately, only few provinces and cities have established these

⁸⁶ Revised Penal Code, Article 266-B

⁸⁷ Revised Penal Code, Article 337

⁸⁸ Revised Penal Code, Article 338

⁸⁹ Revised Penal Code, Article 340

⁹⁰ Revised Penal Code, Article 341

⁹¹ RA 8505, Section 2

⁹² RA 8505, Section 6

⁹³ RA 8505, Section 3



mandatory rape centres.⁹⁴ This problem may stem either from unsustainable funding, failure to prioritise in local budgeting, or both. The law provides funding to four core national government agencies only for the first year of implementation,⁹⁵ so sustainability of funding both at national and local government will depend on whether incumbent officials will prioritise this program.

3. Anti-Trafficking in Persons Act of 2003 (RA 9208), as amended by the Expanded Anti-Trafficking in Persons Act of 2012 (RA 10364)

This law seeks to eliminate trafficking in persons, especially women and children, by making it criminally punishable and establishing institutional mechanism to protect and support trafficked persons.⁹⁶ To be considered a punishable offense, as a general rule, the following three (3) interrelated and interdependent elements must be proven to be present:

- (a) *Act*: recruitment, obtaining, hiring, providing, offering, transportation, transfer, maintaining, harbouring, or receipt of persons, with or without the victim's consent or knowledge, within or across national borders;
- (b) *Means*: use of threat, force, or other forms of coercion; abduction, fraud, deception, abuse of power or of position, taking advantage of the vulnerability of the person, or, the giving or receiving of payments or benefits to achieve the consent of a person having control over another person; and
- (c) *Purpose*: exploitation or the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery, involuntary servitude or the removal or sale of organs (and recruitment of any Filipino woman to marry a foreigner, engagement in sex tourism, recruitment of a child to engage in armed activities abroad can now be considered human trafficking).

As an exception, the recruitment, transportation, transfer, harbouring or receipt of a child for exploitation shall also be considered as "trafficking in persons" even if it does not involve any of the means mentioned above.

An Inter-Agency Council Against Trafficking (IACAT) was established by this law as the main coordinating government body for the program formulation and implementation of the law. The IACAT sits at the national level, and is chaired by the Department of Justice and co-chaired by the DSWD. It is mostly composed of government agencies involved in law enforcement, labour and immigration, the Philippine Commission on Women, as well as three (3) NGO representatives (women, overseas Filipinos, children).

The IACAT also has a sub-national structure at the regional level. The Regional Inter-Agency Council Against Trafficking (RIACAT) is organised at all 17 regions of the country, to "promote and advocate for the localization of laws and issuances against human trafficking and the institutionalisation of policies and programs." These regional structures are crucial to gathering local data on human trafficking, identification of human trafficking cases and monitoring of status filed in local courts.⁹⁷

⁹⁴ Padilla, Clarita. "Dangerous times for women in a culture of rape in the PH", in Rappler, 04 August 2017, accessed 13 December 2017 at <https://www.rappler.com/thought-leaders/177403-dangerous-times-women-philippine-culture-rape>

⁹⁵ RA 8505, Section 7

⁹⁶ IACAT Primer on the Anti-Trafficking in Persons Act (as amended)

⁹⁷ IACAT, 2nd National Action Plan Against Trafficking in Persons, p. 25.



Prevention

The following functions of IACAT member agencies seek to prevent human trafficking:

- Integration of information and awareness campaigns against trafficking in persons in school curricula, within the recruitment process of migrant workers, and in the pre-departure of Filipinas with foreign fiancés and spouses⁹⁸
- Guidelines for and training of port officials on monitoring of instances of trafficking, and interception of offenders⁹⁹
- Formulation and implementation of strict guidelines for the travel of unaccompanied children¹⁰⁰
- Enforcement of strict guidelines for the employment of workers domestically or overseas (migrant workers)¹⁰¹
- Establish and implement pre-marriage, on-site and pre-departure counselling program on inter-marriages¹⁰²
- Maintain a database on trafficking in persons and continuously research and study on the patterns, schemes, trends, routes, modus operandi of trafficking in persons¹⁰³
 - Particularly, the PCW is tasked to “assist in the development of gender responsive documentation system in coordination with other agencies and the National Statistical Coordination Board (NSCB) through its monitoring of the situation of women particularly on violence against women”¹⁰⁴
- Participate in bilateral / regional / international initiatives and cooperative arrangements to suppress trafficking and protect and assist victims (e.g. monitoring of inter-country adoption, coordination with INTERPOL)¹⁰⁵

Response

The anti-trafficking law provides the general mechanisms for the apprehension of offenders, rescue of victims within and outside of the country, and the obligation of the “women and children desks” of the PNP or National Bureau of Investigation (NBI) to investigate reported cases of human trafficking.¹⁰⁶

Victims of trafficking are protected from suit arising from the acts of trafficking, and are entitled to the benefits of the Witness Protection Program.¹⁰⁷ More importantly, they are entitled to free legal counselling on information about their rights and the procedure for filing complaints, claiming compensation and such other legal remedies available to them, in a language understood by them.¹⁰⁸

Given the sensitivity of human trafficking cases, and to encourage victims to file complaints, the anti-trafficking law affords utmost respect for the right to privacy of the trafficked person and the confidentiality of the case. Whenever necessary to ensure a fair and impartial proceeding and in the best interest of the victim, government personnel involved in the investigation and trial of trafficking cases may order a closed-door investigation or trial, and shall ensure that the name and personal circumstances of the trafficked person or of the

⁹⁸ IRR of RA 9208 as amended, Article V, Section 17(f)(iii)

⁹⁹ IRR of RA 9208 as amended, Article V, Section 18(e)

¹⁰⁰ IRR of RA 9208 as amended, Article V, Section 18 (f)(iv)

¹⁰¹ IRR of RA 9208 as amended, Article V, Section 17(d)

¹⁰² IRR of RA 9208 as amended, Article V, Section 17(c)(v)

¹⁰³ IRR of RA 9208 as amended, Article V, Section 16(d) and 17(f)(vii)

¹⁰⁴ IRR of RA 9208 as amended, Article V, Section 17(h)(iv)

¹⁰⁵ IRR of RA 9208 as amended, Article V, Sections 17(c) and 18 (h)(ii)

¹⁰⁶ IRR of RA 9208 as amended, Article VII, Sections 24-25

¹⁰⁷ RA 9208 as amended, Section 18

¹⁰⁸ IRR of RA 9208 as amended, Article IX, Section 46(c)



accused, or any other information tending to establish their identities shall remain confidential.¹⁰⁹

Support

There is a clear, mandatory support and reintegration mechanism for victims of human trafficking under the law,¹¹⁰ as follows:

- Temporary shelter and food facilities
- Psychological support and counselling
- Free legal services
- Medical and psychological services
- Livelihood and skills training
- Educational assistance to a trafficked child, and
- 24-hour call centre for crisis calls and technology-based counselling and referral system

In addition to civil damages that may be filed in court against the offender, there is a small amount of compensation that may be claimed by victims from the Board of Claims under the DOJ, not exceeding 10,000 Philippine Pesos (PHP) “or the amount necessary to reimburse the claimant the expenses incurred for hospitalization, medical treatment, loss of wage, loss of support or other expenses directly related to injury, whichever is lower.”¹¹¹ The Board of Claims was established to process the claims of victims of violent crimes, which includes trafficking in persons.

4. Anti-Violence Against Women and Children (VAWC) Act of 2004 (RA 9262)

The Anti-VAWC Act is a landmark legislation for the protection of women and children against physical, sexual, psychological/emotional and economic abuse inflicted by the woman’s spouse or partner. It was passed in compliance with the Philippines’ obligations under the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) and its optional protocol which was ratified in 1981 and 2003, respectively.¹¹² The law is gender specific¹¹³ insofar as it protects only the rights of women and their children. The offenders may either be men or women with whom the victim is or was in a sexual or dating relationship.¹¹⁴

VAWC is defined as:

...any act or a series of acts committed by any person against a woman who is his wife, former wife, or against a woman with whom the person has or had a sexual or dating relationship, or with whom he has a common child, or against her child whether legitimate or illegitimate, within or without the family abode, which result in or is likely to result in physical, sexual, psychological harm or suffering, or economic abuse including threats of such acts, battery, assault, coercion, harassment or arbitrary deprivation of liberty.

¹⁰⁹ RA 9208 as amended, Section 7

¹¹⁰ RA 9208 as amended, Section 23

¹¹¹ RA 7309, Section 4

¹¹² Guanzon, Rowena. *A parliamentary response to violence against women. Conference of Chairpersons and Members of Parliamentary Bodies Dealing with Gender Equality*, Inter-Parliamentary Union, Geneva, 2009, p. 65

¹¹³ Id., p.66

¹¹⁴ RA 9262, Section 5(c)



Prevention

In terms of the institutional arrangement to combat VAWC, the anti-VAWC law mandates that each LGU should establish its own “VAWC desk”, which serves as the main referral point for victims of VAWC. For efficiency and preventing duplication of functions and representation at the local level, the local structures on anti-trafficking and VAWC were combined as a joint Local Committee Against Trafficking and Violence Against Women and Children (LCAT-VAWC) within each province and city/municipal level.¹¹⁵

In terms of remedies, the law provides for both civil and criminal causes of action. Civil remedies include the granting of a “**protection order**” for women and their children by the *barangay* or the court to prevent further acts of violence against a woman or her child¹¹⁶, or if there is a reasonable ground to believe that an imminent danger of violence exists or is about to recur,¹¹⁷ and the grant of civil damages and/or support in applicable cases. These protection orders do not necessarily require court proceedings as it can be secured from the *barangay* in dire situations. It can also be issued even in cases where there is a *threat* of VAWC.

Response

In terms of criminal action, the commission of VAWC is considered as a “public offense”, which means that a criminal complaint may be filed wither by the victim or by any other citizen with personal knowledge of the commission of the VAWC.¹¹⁸ This accounts for situations where the woman fails to file a formal complaint usually for fear of reprisal of the offender against her or her child. The offender will suffer the penalty of imprisonment and the effects of a permanent protection order.

¹¹⁵ DILG, DSWD and DOJ Joint Memo Circular on Local Committees on Anti-trafficking & violence against women and their children (LCAT-VAWC) (JMC Circular No. 2010-1, 18 October 2010)

¹¹⁶ *Id.*, Section 8

¹¹⁷ Section 15, A.M. No. 04-10-11-SC, Re: Rule on Violence Against Women and Their Children, 19 October 2004)

¹¹⁸ RA 9262, Section 25



Chapter Three: Orange Indonesia

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“The violence typically happens more frequently after a disaster. Husbands often get angry with their wives, not during but after the flood. Some men also liked peeping when we lived at the shelter...they said it was just for fun.”

- Adult woman, Bima

Key Findings



18% felt distressed by early marriage



13% distressed by rise in domestic violence



Adolescents afraid of sexual harassment

Risk factors identified in the disaster response



Unsafe temporary housing



Failure to consult with women, men, boys and girls separately



Limited safe spaces for people experiencing violence



Limited services for persons with disabilities

What can be done?



Create integrated services



Operationalise Perka BNPB no.13/2014



Consult with communities on violence issues



Implement prevention of SGBV programmes



Snapshot



A data collection team, comprised of an in-country Lead Researcher, two field level supervisors (one male and one female), two assistants to field supervisors (one male and one female) and 12 PMI Volunteers (six females and six male) collected the following data:

- Seven hundred and nine household surveys (352 female and 357 male respondents) were collected across 40 villages (20 in Aceh and 20 in Bima).
- One hundred and seventy one disaster affected individuals (38 men, 43 women, 49 adolescent boys and 41 adolescent girls) participated in 16 Focus Group Discussions (FGDs, eight in Aceh and eight in Bima).
- Fifteen KIIs (two health care staff, two psychosocial support staff, one religious leader, two police staff, two affiliated to religious institutions, four government agency staff, and two national NGO staff) were conducted.
- 18% of respondents reported that early marriage caused women and girls distress after the disaster. 13% of respondents reported that domestic violence caused women and girls distress after the disaster.
- Perpetrators are male community members (30%), strangers (17%) or husbands (13%).
- Women, girls, men and boys seek out either community leaders (55%), family members (43%) or the police (31%) to help them address the problem. There is a heavy reliance on community leaders and the village level dispute resolution mechanism to “solve” SGBV related cases.
- FGDs with adolescent boys and girls in Aceh point to the increase in sexual harassment in shelters, especially where there were no toilets. Several SGBV cases from Aceh communities emerged which were pre-existing to the disaster and continued long afterwards.
- KII respondents call for better inclusion of persons with disabilities and better coordination among provincial level disaster responders and women and child protection actors.
- 50% of household survey respondents stated that religious counselling would aid both male and female survivors in coping, followed by legal aid and awareness on SGBV (37%), support group for women for female survivors (28%) and support group for men for male survivors (25%). Respondents also said they would like to talk to their families about such issues (24%) and receive psychosocial counselling (19%).

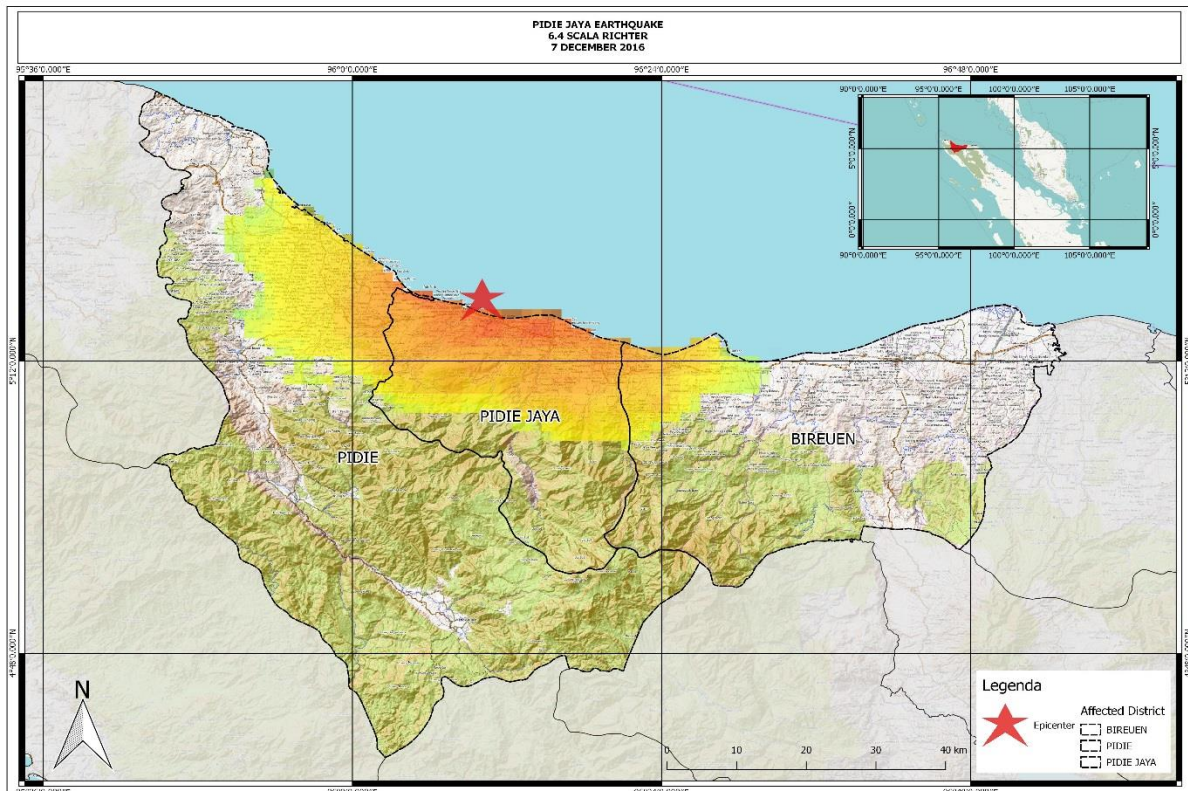


3.1 Background and context

On 7 December 2016, a magnitude 6.4 earthquake struck Pidie Jaya district in Aceh, killing 104 people and damaging 18,752 houses. By 20 December, 85,256 individuals were staying in temporary housing in Pidie Jaya district.¹¹⁹ At the same time, another region in West Nusa Tenggara (Aceh and Bima municipality) was hit with severe flash floods on 21 and 23 December, damaging 16,000 houses and affecting 105,797 people.

According to the INFORM risk index, Indonesia has an 8.4 risk for earthquakes, 8.2 for floods, 9.6 for tsunamis and 9.5 for projected conflict risk.

Map 2: Affected areas in Pidie Jaya, Aceh, Indonesia



Not much recent data on SGBV prevention and response during disasters is available.

The latest contingency and preparedness plan available online (Global Protection Cluster) is dated September 2011. Past literature on SGBV during disasters in the Indonesian context is specific to the 2004 Indian Ocean Tsunami.

¹¹⁹ ASEAN Coordinating Center for Humanitarian Assistance Management, Situation Update 10, December 21st, 2016: <https://reliefweb.int/report/indonesia/form-2-situation-update-no-10-aceh-pidie-jaya-earthquake-wednesday-21-december-2016>



A 2005 case study from Aceh by UNFPA, states that the risks to trafficking, sexual violence and sexual harassment increased in Aceh at this time. These risks increased because of the poor conditions in IDP camps, such as overcrowding, poor lighting, open bathing facilities and unsafe or absence of latrines. Plan International reported an increase in early marriages during this time. During the 2012 Asian Ministerial Conference on Disaster Risk Reduction, the Yogyakarta Declaration emphasised government commitment to: “Support national and local capacity development for gender responsive DRR and gender inclusive development planning and to; Provide tools and methodologies, suggest a framework and share best practices for gender inclusion in existing processes” (2012).

For data on SGBV during non-disaster time, the 2012 National Demographic and Health Household survey did not collect SGBV specific data from respondents, except for information on attitudes towards wife beating. Thirty three per cent of women between the age of 15-49, believe that a husband is justified in beating his wife for one of the following reasons: “neglects the children,” “goes out without telling him,” “refuses to have sexual intercourse,” “burns the food,” or “argues with him.” Seventeen per cent of married men believe that wife beating is justified (p.196). Results from the 2017 survey are not yet available.

A 2016 survey¹²⁰ commissioned by the Women’s Empowerment and Child Protection Ministry and implemented by the Central Statistics Bureau with technical assistance from UNFPA, reported that SGBV prevalence, during non-emergency time, in Indonesia is similar to global statistics. Forty one per cent (age 15-64) of Indonesian women have experienced one of the following types of violence: physical, sexual, emotional or economic violence. Over 33 per cent had experience physical and/or sexual violence and 42 per cent experienced being restricted from “seeing friends, communicating with family, practicing religious rituals or seeking healthcare without permission” (UNFPA, 2017). Complete results from this survey are not publicly available yet.

Aceh and Bima were chosen as data collection sites as they experienced recent and different kinds of disasters, had populations which lived both in shelters and stayed in their residence after the disaster, and have different cultural and political histories. Aceh, located at the northern end of Sumatra, is designated as a special territory and has been a site of recurrent disasters and conflicts. The most significant past disaster has been the 2004 Indian ocean Tsunami, which killed 129,775 and displaced 504,518.¹²¹ Its conflict, starting in the 1970s by the Free Aceh Movement (GAM) ended in 2005 with a peace agreement. According to the 2014 census, Aceh’s population is 4,731,705. Aceh has over ten ethnic groups, with the largest being Acehnese, followed by the Gayo and Alas. Ninety eight per cent of the population is Muslim and the majority of the population speaks Acehnese. Bima is located on the eastern coast of the island Sumbawa in the central province of West Nus Tenggara. Its population is 407,636 (51 per cent female and 49 per cent male), and the majority are Muslim and speak the Bima language. The next section describes in-country SGBV and disaster related legal frameworks.

¹²⁰ This survey had 9,000 households were surveyed in 83 districts across 23 provinces: <http://www.unfpa.org/news/new-survey-shows-violence-against-women-widespread-indonesia>

¹²¹ United Nations Information Management Service (UNIMS) in collaboration with the Rehabilitation and Reconstruction Agency (BRR). *Tsunami Recovery Status Report*. 8 December 2005



Attention to linkages between SGBV prevention and response and disaster preparedness, response and recovery

I. Laws on SGBV prevention and response in Indonesia:

Human rights provisions contained in the 1945 Constitution of the Republic of Indonesia (amended 1999/2000/2002) include specific mention of the child's right to protection from violence and the right to protection from threat to life, dignity, honour and freedom from torture, inhumane and degrading treatment for all.¹²² The Law No. 39/1999 on Human Rights expands the constitutional provisions, including a section on women's rights, requiring among other things that they are adequately represented in the political system and civil service and asserting their equal rights to education. It also establishes the principle that the disabled, elderly and pregnant women have a right to special facilities and treatment.¹²³ Furthermore, Presidential Instruction No. 9/2000 and Law No. 25/2000 places obligations on all government departments and agencies at national, regional and district level to adopt the principles of gender mainstreaming in planning, implementation and monitoring and evaluation of development policies and programs.¹²⁴

According to the ASEAN Regional Action Plan on the Elimination of Violence Against Women (2016-2025), Indonesia has taken the following steps to strengthen prevention and response to violence against women and girls:

- Law on Child Protection (2002)
- Law on the Elimination of Domestic Violence (Law No. 23/2004), wherein domestic violence is defined as “any act against anyone particularly woman, bringing about physical, sexual, psychological misery or suffering, and/or negligence of household including threat to commit act, forcing, or seizure of freedom in a manner against the law within the scope of household”¹²⁵
- Ministry of Women's Empowerment and Child Protection Decree on Manual for Male Involvement in Elimination of Domestic Violence
- The Law in Anti-Trafficking in 2007, which was accompanied by the establishment of a National Task Force on Anti-Trafficking in Persons in 2008, consisting of all government agencies, community organisations and academia and the National Plan of Action on Anti-Trafficking in Persons for 2015-2019
- Minimum services for elimination of violence against women and girls, including the existing service provider in all provinces, Centre for Integrated Services for Women and Children's Empowerment (Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak or P2TP2A), the national commission on anti-violence against women (Komnas Perempuan) and network forum of services provider for female survivors of violence coordinated by Komnas Perempuan;

¹²² See Chapter XA: Human Rights, Constitution of the Republic of Indonesia.

¹²³ Article 41(2) and Section 9: Women's Rights, Law No. 39/1999 on Human Rights, <http://www.refworld.org/docid/4da2ce862.html> (accessed March 2018)

¹²⁴ PMI, IFRC, Strengthening Law and Disaster Risk Reduction (DRR) in Indonesia, 2016 p. 70

¹²⁵ See article 1(1), Law Regarding Elimination of Violence in Household, No.23/2004, http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=91238&p_country=IDN&p_count=611 (accessed English translation March 2018)



- The National Action Plan (RAN) for Protection and Empowerment of Women and Children in conflict situations (Perlindungan dan Pemberdayaan Perempuan dan Anak dalam Penanganan/Konflik or P3APK), which was passed as Presidential Decree No. 18/2014 on the Empowerment and Protection of Women and Children in Social Conflicts.
- Social Welfare Law (No. 11/2009), the Public Service Law (No. 25/2009) and the Law on Health (No. 36/2009), which addresses multi-sectoral services and stronger referral pathway.

Other laws and regulations relevant to the Law on the Elimination of Domestic Violence include:

- Government Regulation on the Implementation of Cooperation in the Rehabilitation of Victims of Domestic Violence (No. 4/2006)
- Law on Witness and Victim Protection (Law No. 13/2006)
- Law on Child Protection (No. 23/2002) and the Amending Law on Child Protection (No. 35/2014) which includes provisions on protection from sexual exploitation and abuse

The Indonesian Penal Code contains a chapter on Crimes against Decency, which includes addressing rape outside of marriage (only committed by men towards women), and some provisions on forced obscene acts, assaults on chastity and protection of minors¹²⁶ Marital rape falls under “sexual violence” in the 2004 Domestic Violence Law.

In the 2012 national report to the Human Rights Council in 2012 and in the 2011 reports submitted by States parties to Committee on the Elimination of Discrimination against Women, there are references to a Minister for Women Empowerment and Children Protection (MoWECP) Regulation No.1/2010 on the Minimum Service Standard on Integrated Service for Women and Children Victims of Violence, which states five types of services that are provided for the victims: comprising complaint handling; health service; social rehabilitation; legal aid and law enforcement; repatriation and social reintegration.¹²⁷

The National Commission on Violence Against Women was established in 1998 as a response to the high incidents of sexual violence during the May 1998 riots (Novirianti, 2011). In the year 2000, Indonesia launched a national policy called the “Zero Tolerance Policy (ZTP) on violence against women” accompanied by a National Action Plan to eliminate violence against women (Hayati et al, 2014). Both Law on the Elimination of Domestic Violence (Law No. 23/2004) and Government Regulation on the Implementation of Cooperation in the Rehabilitation of Victims of Domestic Violence (No. 4/2006) which requires local government bodies to make available “service units for women and children exposed to domestic violence in every Province and District in Indonesia” (ibid, p.214), emerged from the ZTP. These service units entail creating domestic violence response units within the Police, shelters for survivors and one-stop crisis centres (ibid). Around actual service provision, this regulation also mandates that health, psychosocial and spiritual services should improve.

¹²⁶ See Chapter XIV. Crimes Against Decency, Indonesian Penal Code (last amended 1999), <http://www.refworld.org/docid/3ffc09ae2.html> (accessed March 2018). For more information, please see “Indonesian Law and Policy on Rape: Paralegals and Access to Justice for Rape Victims” Master’s Thesis by Dewi Novirianti, Lund University, 2011.

¹²⁷ CEDAW/C/IDN/6-7, para 46, http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/IDN/CO/6-7&Lang=En and A/HRC/WG.6/13/IDN/1, para 91, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G12/116/38/PDF/G1211638.pdf?OpenElement> (both accessed March 2018 primary text, i.e. Regulation No.1/2010, could not be sourced in an English translation at the time.



The National Commission for Violence Against Women stated that 321,752 SGBV related cases were reported in 2016, the majority of these are domestic violence related. Data for SGBV related cases committed against sexual minorities was only available for 2014 (and only for women). There were 37 reported cases against women who identify as a sexual minority (lesbian, bi-sexual, transgender).¹²⁸

There is no specific law on the protection of women, children and sexual minorities during disasters, however as previously mentioned there is the Head of National Agency for Disaster Management (BNPB) Regulation (Perka) No.13/2014 on Gender Mainstreaming in Disaster Management.

II. Laws on Disaster management, response and recovery and linkages to gender mainstreaming and SGBV prevention and response during disasters:

The main law on disaster management, response and recovery is the Disaster Management Law no.24 (2007) and a series of regulations. On the topics of women's inclusion and vulnerable groups in general, the following articles address this issue¹²⁹:

- Article 3 mentions the principle “equality before the law”
- Article 4 mentions the principle of “non-discrimination”
- Article 8 states the responsibility of regional governments to include “guarantee of disaster affected community members and refugees’ rights in a fair manner and in accordance with minimum service standard
- Article 48 requires protection of vulnerable groups; and article 55(2) defines vulnerable groups to include pregnant women and nursing mothers

Government regulation no.21 (2008) concerning disaster management, articulates in article 1 (15) that vulnerable groups refers to “infants, pre-schoolers, children, pregnant women or breast-feeding mothers, the disabled and elderly.” Article 53 addresses the protection of vulnerable groups, stating such groups shall be prioritised through “rescue, evacuation, protection, healthcare, and psychosocial services.”, allocating responsibilities to BNPB Head and/or BPBD for coordinating these efforts with the related agencies/institutions.¹³⁰

In 2014, BNPB issued Perka (Regulation) no.13 on Gender Mainstreaming in Disaster Management¹³¹, which has three objectives: (1) Implement the principles of justice and gender equality in every component of the organisation of the disaster management; (2) Encourage gender mainstreaming by preparing gender responsive planning and budgeting in the disaster management; and; (3) Encourage the realization of protection and fulfilment of the rights of women and men in the disaster management. Perka no.13 states that gender mainstreaming during disaster management is measured by access, participation, control of resources and decision-making and the benefit derived from policies and programmes. Gender

¹²⁸ United Nations Country Team Universal Periodic Review Report, April-May 2017.

¹²⁹ Law of the Republic of Indonesia, Number 24 of 2007 concerning Disaster Management, http://www.ifrc.org/PageFiles/139604/Indonesia_DMAAct_2007.pdf (accessed March 2018) .

¹³⁰ Government Regulation of the Republic of Indonesia Number 21 of 2008 Concerning Disaster Management, <https://www.ecolex.org/details/legislation/government-regulation-of-the-republic-of-indonesia-no-212008-concerning-disaster-management-lex-faoc114998/> (accessed March 2018)

¹³¹ Special acknowledgement to Mr Ahmed Husein, Senior National Society Development Coordinator, IFRC Jakarta, for translating and analysing this regulation.



mainstreaming working groups are supposed to be formed within BNPB, both at the national and provincial levels.

Perka no.13 is specific about which gender mainstreaming interventions should be applied during the different stages of a disaster:

Chapter IV – Gender mainstreaming in DM during pre-disaster mandates the following should be implemented:

- gender responsive risk assessment (Article 12)
- gender responsive vulnerability assessment (Article 13)
- gender responsive capacity identification and assessment (Article 14)
- gender responsive early warning (Article 15)
- gender responsive disaster mitigation and preparedness (Article 16) by actively involving men and women; improving men and women's capacity in DRR; and considering the difference in point of view, knowledge and need between men and women in planning and implementation.

Chapter V – Gender mainstreaming during emergency response phase includes:

- gender responsive emergency response which carried out through actively involving men and women in developing emergency response plan; ensuring proportional representatives of men and women in rapid assessment team; and prioritising vulnerable groups to avoid gender-based violence (Article 17)
- fulfilment of basic needs (Article 18)
- shelter and temporary houses (Article 19)
- the fulfilment of clean water and sanitation (Article 20), health services (Article 21), education services (Article 22), psychosocial services (Article 23), and security (Article 24).

Chapter VI - In the post-disaster stage, gender mainstreaming is conducted through:

- rehabilitation and reconstruction (Article 25) where women and men participate actively in the planning, implementation and monitoring of rehabilitation and reconstruction. Special needs of women and men are considered in the planning and allocation of rehabilitation and reconstruction resources.
- Article 26 explains about the recovery efforts and improvement of physical, social and economic sector involving women and men in the consultation and dialogue process. Affected communities' economic recovery and improvement are directed to build food security and families' economic sustainability. This gives opportunity to both women and men survivors to get additional skills. It gives also priority to women as head of household, household without women and other kinds of vulnerable household. Priority is also given to both women and men to own property and other special aids; and for men as head of household who have children under five years old.

There is little reference to SGBV prevention and response in Perka no.13, however, several recommended interventions can be considered preventative measures to reduce the risks to SGBV during disasters.



III. Gaps and Challenges in Implementation

There are no guidelines established for a group-specific response towards women and girls or persons with disabilities or the elderly under the Disaster Management Law no.24/2007 or the Government Regulation No.21/2008. There are however, documented good practice examples of how this Law and Regulation can be operationalised to prioritise the protection needs of different populations. For example, after the 2010 Mount Erapi response, the BNPB collected sex disaggregated data, had safe spaces for pregnant women and families with infants at relief distributions/service delivery points and coordinated their response with the NGO gender working group.¹³²

The 2016 PMI-IFRC Report on “Strengthening Disaster Law and Disaster Risk Reduction (DRR) in Indonesia” provides an assessment of Indonesian disaster related legislation, policies and procedures against the IFRC-UNDP Checklist on Law and Disaster Risk Reduction¹³³, which provides a prioritised list of ten key questions that lawmakers, implementing officials, and those supporting them need to consider ensuring that their laws provide the best support for DRR. Question No. 9 of the Checklist asks, “Do your laws adequately address gender considerations and the special needs of particularly vulnerable categories of persons?” Specifically looking at implementation in the Indonesian legal context, the report provides the following comment:

“The rights of women and vulnerable groups are at least established at a high-level under law and a very general framework for their participation on an equal basis is provided. ‘Mainstreaming’ policies in particular present an avenue for better inclusion in decision-making, provided that such policies are followed with effective implementation, sensitisation and capacity-building. However, in terms of relevant laws’ specific applicability to DRR, the content and impact has so far been limited. The fact that BNPB has developed and issued its own regulations on gender and the disabled in disaster management is to be commended. However, their status as ‘Head of BNPB’ Regulations means they have little practical applicability outside of BNPB. Also, as they were only approved very recently they have not yet been widely distributed or implemented. (p.71)”

A 2016 research report on “Integrating Gender into Disaster Management in Indonesia” found that at the provincial government level there was a low awareness on both this regulation and what gender means (Siahaan, 2016). Siahaan writes: “Local government commitments to gender mainstreaming in disaster management is still low. Although Perka BNPB obligates and regulates the establishment of gender focal points in the Disaster Management Agency (DMA/BPBD/BPBN), North Sumatra provincial government is the only DMA which has established gender focal point” (ibid, p.501).

The next section presents and discusses the main findings of this research.

¹³² “Gender equality in disaster management and climate change adaptation,” Policy Brief 6, World Bank, 2011.

¹³³ IFRC-UNDP, Checklist on Law and Disaster Risk Reduction, An annotated outline, October 2015, <http://www.ifrc.org/Global/Publications/IDRL/Publications/Theper cent20Checklistper cent20onper cent20lawper cent20andper cent20DRRper cent20Oct2015per cent20ENper cent20v4.pdf>. The Handbook on Law and Disaster Risk Reduction has been developed to provide guidance on how to use the Checklist and conduct related legislative reviews and reform processes, <http://www.ifrc.org/Global/Photos/Secretariat/201511/Handbookper cent20onper cent20lawper cent20andper cent20DRRper cent20LR.pdf> (both accessed March 2018)



3.2 Research Findings and Analysis

Summary statistics for sample population

A total of 709 respondents participated in this household survey. 4Forty seven per cent of the sample population (n=352) is female and 50per cent (n=357) is male. The response rate was 98 per cent. Eleven randomly selected respondents were either absent after three visits or refused to participate in the survey. The average age of the sample population is 41, 94per cent is literate (n=664) and 79per cent (n=557) of respondents is married. The average household size is four individuals per household and the three main professions among respondents are being a housewife (26 per cent), farmer (17 per cent) or retail trader (14 per cent). The main religion for respondents is Islam and the ethnic composition is 50 per cent Acehnese and 50 per cent Bima. Sixty four per cent (n=453) of respondents had to live in temporary housing after the disasters in question. The majority of this population is from Aceh (n=273) and left their home during the disaster because of concerns around personal safety (n=416). The type of temporary housing was usually the closest mosque (n=139), evacuation centre (n=100) or temporary shelter (n=86). Fifty per cent of individuals who left their home during the disaster had to live in temporary housing between one-three weeks.

Women's participation during relief distributions and on shelter management committees

According to 58 per cent (n=262) of respondents who lived in temporary housing, women were participating during relief distributions by handing out relief packages, as opposed to being in

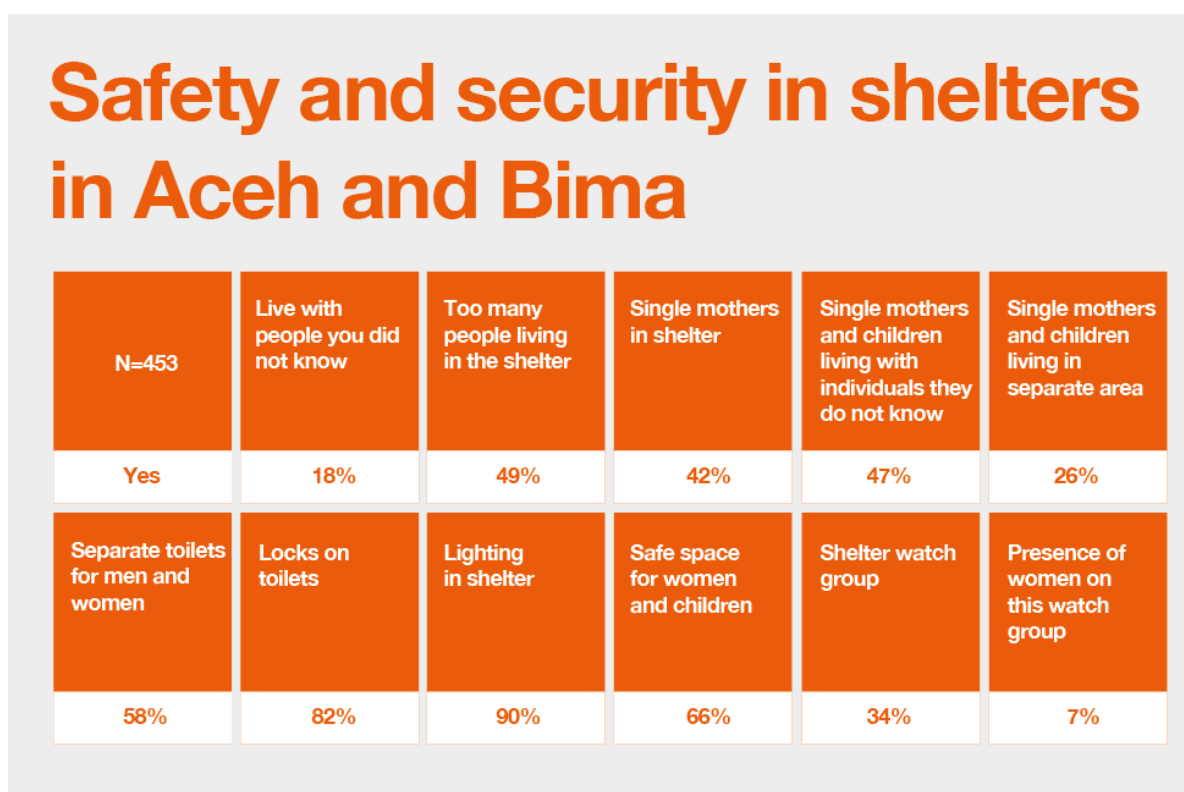


leadership or monitoring positions. Sixty six per cent (n=300) stated that there were shelter management committees, however, only 21 per cent of these respondents expressed that there were women on these committees. In this case, an average of three committee members were female and did not have leadership positions, but rather participated in reporting health issues, helping to organise relief distributions and shelter activities.

Risks to SGBV both after the Pidie Jaya earthquake in Aceh and the flooding in Bima, were high based on the responses below and evidence from past literature.

Forty nine per cent of the population living in temporary housing stated there was overcrowding in shelters, 42 per cent said that there were no separate toilets for men and women and 30 per cent shared there were no allotted safe spaces for women and children. In addition, 66 per cent expressed that there was no shelter watch group and when there was, only seven per cent recalled participation by women. These factors are major preventative measures for SGBV prevalence and can lead to disturbing security concerns among women, girls, men and boys in the immediate aftermath of a disaster.

Table 1: Safety and security in shelters in Aceh and Bima



SGBV in the aftermath of the disaster

While the majority of respondents stated that there were no security concerns in the aftermath of the disaster, there were significant apprehensions in specific relation to women and girls, men and boys. Security concerns for women and girls living in temporary housing after the disaster included being threatened for food and water (28 per cent), going out alone (23 per cent), collecting water (14 per cent) and being inappropriately looked at or touched (eight per



cent). For men and boys living in temporary housing, the most significant security concern was being threatened for food and water (21 per cent).

Similarly, when respondents were asked about shelter incidents which caused distress to women and girls, the following information was shared in relation to SGBV:

Table 2: Incidents in shelter causing distress to women and girls after the disaster

Type of incident	Response
Early marriage	18%
Domestic violence	13%
Women who experienced injuries due to domestic violence and accessed health services	12%
Sexual harassment	7%

Disaster affected respondents who had **not** lived in temporary housing, shared that early marriage (12 per cent) and domestic violence (nine per cent) caused women and girls distress after the disaster. Both male and female respondents agreed that the main perpetrators of SGBV are male community members, strangers and husbands. However, when asked who the main perpetrators are against women and girls, a slightly higher number of respondents answered “Husbands.”



Table 3: Perpetrators (n = number of respondents) among total population

Type of perpetrator	Male respondents	Female respondents	Total percentage
Male community member	106	107	30%
Stranger	60	58	17%
Husband	22	68	13%

Respondents who did **not** live in temporary housing after the disaster, also listed their brother (nine per cent) and father (four per cent) as perpetrators. When such incidents do occur, women and girls seek out either community leaders (55 per cent), family members (43 per cent) or the police (31 per cent) to help them address the problem.

As stated in the Philippines chapter, one section in the household survey did ask respondents who are married or in relationships about SGBV related incidents during the first six months following the disaster. **Sixteen per cent of respondents who are married stated they have conflict with each other once or twice per month.** The main trigger points for this conflict are money, children and jealousy.



Table 4: SGBV six months following the disaster for individuals who are married or in relationships

N = 557	Insulted or swore at you	Threatened to hurt you	Threatened you with a knife or gun	Pushed you down or kicked you	Hit you with a fist or something else	Threatened or forced you to have sex when you did not want to
1-2 times	74	18	0	5	6	1
3-5 times	1	0	0	0	0	0
6 or more times	0	0	1	2	0	0
Weekly	0	0	0	0	0	0
Daily	2	1	1	0	1	1

Thirteen per cent of married respondent (ten of these respondents are male) stated that their partner insulted or swore at them one-two times in the immediate aftermath of the disaster. Three per cent of respondents (they are all female) shared that their partner threatened to hurt them.

Availability of services and suggested support programmes for female and male survivors

One of the key ways of preventing and responding to SGBV during disasters is to ensure that there are strong referral pathways for survivors and coordination among the health, psychosocial, legal and security sector. When respondents were asked about service availability within their shelter or within and nearby their community, the service availability was higher for respondents who lived in temporary shelters after the disaster, versus respondents who stayed in their communities. The presence of legal services is an exception as only three per cent of respondents recalled such support being available within shelters and communities or near them. The biggest gap, however, is psychosocial support, which was available in shelters according to 44 per cent of respondents. However, in communities, it was only available according to five per cent of respondents.



It is important to note, that availability of services does not necessarily mean that survivors have information about these services, that there is trained staff who knows how to identify, treat and manage SGBV cases and that the approach by the service providers is survivor centred.

Table 5: Availability of services

	(Mobile) Health Clinic	Psychosocial Care	Legal Information Programme	Police station
In shelters N=453	79%	44%	3%	43%
In the community N=256	39%	5%	3%	19%

In the absence or low availability of multi-sectoral services, it is critical to understand what support and coping mechanisms community members feel are essential and helpful for female and male survivors.

When asked what kind of coping mechanisms would help both male and female survivors at the community level, respondents felt that women and girls would benefit the most from religious counselling, legal awareness, a community-based support group for women and girls, understanding how to discuss such issues within the family and psychosocial counselling services. The answers for male survivors were not very different, also including religious counselling first, then legal awareness, followed by a community-based support group for men and boys, learning how to discuss such issues within the family and the availability of psychosocial services nearby.



Community-based action: How do female and male survivors want to be supported?



Religious counselling: 50% of respondents said both female and male survivors would find religious counselling helpful in coping.



Legal aid and awareness: 37% of respondents said both female and male survivors require more legal aid and awareness specific to SGBV



Support group for women: 28% of respondents said this is an important coping mechanism for female SGBV survivors



Support group for men: 25% of respondents said this is an important coping mechanism for male SGBV survivors



Talking it over with family: 24% of respondents said it would help female and male survivors to talk about such issues to their family members



Psychosocial counselling: 19% of respondents expressed female and male survivors could benefit from psychosocial counselling



These results illustrate the importance of long-term, multi-sectoral community-based programming in the data collection sites. Components of such programmes can include:

- Health sector strengthening, in which healthcare personnel is trained in the clinical management of rape, the administration of PEP kits and what type of evidence should be recorded for the survivors' case management. For community-based programming, sexual and reproductive health can be used as an entry point to discuss.
- Security and legal sector strengthening, which may entail training police personnel and lawyers on what SGBV is, which laws are related to preventing and responding it and how to implement case management in a survivor centred way. For community-based programming, legal awareness sessions can be run on SGBV and how to report it.
- Psychosocial sector strengthening, which would entail giving SGBV survivors psychosocial support, if required, in a safe, confidential, non-discriminatory and dignified way.
- Social protection for women and men in targeted communities through strengthening of livelihood skills or well-designed cash transfers which can lead to a reduction in domestic violence.¹³⁴
- Engaging men and boys on a long-term, sustainable basis in the community-based programme.

Qualitative findings:

Main themes emerging from the FGDs

Some of the main themes in the FGDs were:

- The increase in sexual harassment in temporary shelters due to lack of separate toilets for men and women
- The importance of well-designed livelihoods interventions preventing increased risks to SGBV
- The dependence on village level dispute resolution mechanisms

What do adolescent girls and boys think?

A group of adolescent girls who lived in shelters after the Pidie Jaya earthquake felt that SGBV remains a problem in their communities, regardless of the disaster. However, the risks to SGBV do increase. They shared specific anecdotes about sexual harassment in their shelters due to the lack of toilets. In addition, several participants also remarked:

“The issue of domestic violence may increase because of economic problems after a disaster.”

Like in the Philippines and Lao PDR, the topic of sexual harassment and molestation in their school setting was also discussed. In Aceh, some adolescent girls mentioned their fellow, male classmates touching their “sensitive body parts.” When adolescent boys in Aceh and Bima were asked about this topic, one of the participants remarked:

“Could be...because they wear tight pants. So, do not blame us men if we tease them”

Similar views were found among adolescent boys in the Philippines and Lao PDR.

¹³⁴ Buller et al. “A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low and Middle-Income Countries” UNICEF, February 2018.



It can be argued that in all three countries that participated in this study, sexual harassment could be prosecuted as a crime. The strength of legal frameworks differ in each context, as does its implementation. In the Indonesian context, article 281 and 289 of the Criminal Code give grounds for the prosecution of sexual harassment. Deep-rooted stereotypes and harmful beliefs also illustrate the necessity for longer-term engagement with men and boys on the issues of healthy and respectful relationships and SGBV prevention and response.

During an FGD with adolescent boys in Aceh, the absence of livelihoods programmes in shelters emerged as a key factor influencing the levels of SGBV risks in the direct aftermath of a disaster. Participants in this FGD also remarked that women and girls are most likely to be targeted as “women are considered weak, making them more vulnerable than others.”

What do adult women and men think?

There is a lot of reliance on the village chief and village level dispute mechanism to address and try to “solve” SGBV related cases. During an FGD in Bima with adult women, a participant stated:

“Yes, violence cases are usually reported to and managed by [the village chief] [he] usually gives them advice to tackle the problem...such cases frequently happen in our community.”

During another FGD with adult men in Bima, another participant expressed that SGBV cases are often not reported to the police because they are “resolved” at the village level. During another FGD with adult women in Aceh, several SGBV cases emerged in relation to child sexual abuse by a long-term perpetrator who still resides in the community. This case illustrated the legal difficulties survivors in Aceh have when trying to report. As Aceh follows shariah law, anyone reporting a case must have four witnesses.

Like in other country contexts, adult men were not as comfortable discussing the topic of SGBV during disasters and safety and security in their communities. In Aceh, an adult, male participant showed denial by stating that sexual harassment towards children:

“I am sure it does not happen in our village. Most people here are well behaved. The probability of that case happening is one out of 1000.”

On the issues of reporting cases, most adult male participants expressed that the majority of cases are never reported to the police, but resolved at the village level.

All FGD participants were asked to recommend interventions which would be useful for their community context to prevent and respond to SGBV during disasters and in the longer-term.



Table 6: Suggested community-based interventions for SGBV prevention by FGD participants¹³⁵

Type of FGD participant	Within 1 year
Adolescent girls 	Establish village level institution dealing with SGBV Survivor centred complaint centre Psychosocial support Awareness raising sessions on SGBV prevention and response at the community level
Adolescent boys 	Awareness raising and training on how to prevent and respond to SGBV Establish village committee responsible for handling SGBV related cases Establish rules and regulations within community and with neighbouring villages on how to prevent and respond to SGBV Establish a child protection committee Establish a complaint centre for SGBV cases
Adult men 	Create a special team which assists survivors in making a police report Hold regular meetings on this issue at the village level
Adult women 	Establish a complaint centre for SGBV cases Psychosocial support Awareness raising sessions on SGBV prevention and response at the community level Livelihoods and skills training for women Assistance in understanding how to file SGBV and child abuse cases

¹³⁵ For the Indonesia FGDs, information from communities was collected for immediate community-based interventions. Distinctions for mid-term and long-term interventions were not made.



Main themes emerging from the KIIs

Themes emerging from the KII interviews are both encouraging and disturbing. When asked who the most affected population is during a disaster and who may be most at risk for SGBV, the majority of KII respondents spoke about women and girls. However, a representative from the Aceh Women's Congress stated:

"The earthquake clearly seriously has affected women. My greatest concern however is the disability groups. They have limited access to normal lives, especially during a disaster, and they are increasingly marginalized." Aceh Women's Congress

Additional, important themes include:

(1) Coordination among the sectors and SGBV awareness remains low

Several respondents, including from the police, child protection, psychosocial and DRM sectors expressed that awareness on what SGBV is and how to prevent and respond to it remains low. Coordination among different sectors during disaster time on this issue is not stated clearly in legal frameworks. The head of the *Pelayanan Perempuan dan Anak* (PPA) unit in the Pidie Resort Police in Aceh lamented:

"I regret that there is no coordination forum for the Police, Integrated Service Centre for Women and Children's Empowerment, Social Service, Psychologists, NGOs and others to get together in disaster situations. Such a forum can be useful to prevent the occurrence of SGBV"

Similarly, the Executive Director of the Family Planning Association in Aceh expressed that *"In Pidie Jaya District, we see that stakeholders are not sensitive to the issue of gender-based violence because not a single actor, including the government, seeks to anticipate such cases."* The Chair of the Bima District Indonesian Womens Committee stated the same concern and mentioned that:

"During the advocacy training on the protection of women, we always invite the police, but they never appear. I think in the future the government must be present in handling the violence. No local regulations (on the protection of women) are in place. It is a dilemma for us. The punishments imposed fail to give deterrent effects."

Sometimes the lack of coordination also occurs due to a lack of information. The head of the women's empowerment and child protection services in the Pidie Jaya Office of Social Affairs admitted that despite regular reporting and archiving, their office often fails to send these reports to national level counterparts due to a bad internet connection.

(2) Strong referral pathways do exist in select areas, but alternate "safe spaces" for survivors do not.

KII respondents who directly work on protection related issues, such as the Child Protection Agency and the Integrated Service Centre for Women's and Children's Empowerment, expressed that despite existence of services in select areas of Aceh and Bima, safe spaces for survivors are rare. An Emergency Aid Officer of the Pidie Jaya earthquake Child Protection Cluster shared that in some disaster contexts, such as the Mount Sinabung eruption in northern Sumatra, the Protection Cluster had ensured there was a safe space for survivors, however, during the Pidie Jaya earthquake this was not



the case. During non-disaster time, at the community level, this can become a complex scenario. The PPA Unit head in Aceh mentioned a specific case:

“There was once a victim of sexual violence, a 14-year-old girl. She was pregnant. The village rule says that unmarried, pregnant women must be evicted from the village. The victim was a child and 6 months pregnant. If she came home, her life was threatened. Finally, P2TP2A lodged the girl at an Inn, and accompanied. And after 2 nights, she was sent to live at a police woman’s home. The existence of a safe house would greatly facilitate the case handling because she could just be sent there...for someone to take care of her there.”

The Director of the Flower Indonesia Foundation in Banda Aceh, an NGO that participated in a lot of interventions post 2004 Tsunami, and spoke about the SGBV cases that occurred at the evacuation sites. Fourteen years and numerous disasters later, the Director spoke of the lack of safe spaces for survivors and working on creating more such areas, both in Pidie Jaya and the rest of Aceh province.

(3) Gaps remain in the construction, design and layout of temporary housing

Most of the discussion on shelters was shared by KII respondents in Aceh, as there is a longer history of displacement there.

“At the scene of the disaster, there were no special rooms for complainants, instead we were using people’s houses that were still intact...We could only handle a few cases.... there were a lot of people who wanted to receive treatments (not only SGBV survivors, but also those who were traumatized by the earthquake” (President of Pulih Foundation, Aceh)

“During the Pidie Jaya earthquake response, there were reported cases of domestic violence at some points of shelters...another issue that was frequently reported was relating to the distribution of relief aid. Many people, especially women, did not receive relief aid being distributed. It could be because they were not registered, or they lived in places which were too distant for relief distribution agencies to reach.” Aceh Women’s Congress

“Our findings showed that the evacuation sites in schools or mosques were generally in a good condition. However, the dark and same bathrooms for women and men alike had become our concerns. Some were with lights, but very dim. The command post at the hospital where I worked was provided with separate emergency toilets for men and women, but they were without lighting and muddy and dark inside. I personally had to be watchful when using the toilets, let alone those who were living in the refugee camps” Director, Indonesian Family Planning Association



Based on the abovementioned themes, the following recommendations and areas for advocacy have emerged:





3.3 Recommendations and areas for advocacy

To all actors



- **Include** SGBV prevention and response and an emphasis on women's, men's, boys' and girls' safety at all levels of disaster preparedness and planning.
- **Ensure** that all data collection tools, but especially baseline data collection tools used during and after disasters, include questions on women's, men's, boys' and girls' safety, possible signs of SGBV and existing support systems and services. This data should be disaggregated by sex, age and disability.
- **Strengthen local capacity to prevent and respond to SGBV during and after disasters by specifically investing in training of disaster responders at all levels.**
- **Include** women's sector, women's community-based organisations and LGBTQI groups, in the *Inter-Agency Standing Committee* (IASC) cluster planning and implementation stages of disaster response, prioritising their ability to fully function as organisations during disasters, so they can provide support services, to SGBV survivors.

To government and sector specific actors



- **Operationalise** Perka BNPB no.13/2014 on Gender Mainstreaming in Disaster Management, in coordination with relevant stakeholders, including Ministry of Women's Empowerment and Child Protection, women's groups, LGBTQI groups and other Ministries and Departments. BNPB, in coordination with the Ministry of Women's Empowerment and Child Protection, should hold awareness sessions and share good practices with provincial level government actors, women's groups, LGBTQI groups and communities. As a key aspect of Perka No. 13/2014 is the engagement of women in decision-making, planning and implementation, the involvement of established groups within the women's sector and other key stakeholders will be imperative for its effective implementation and national and sub-national levels.
- **Create** an integrated service coordination group in Aceh and Bima, including the Police, the Women and Children's Empowerment, Social Service, Psychologists, NGOs to focus on SGBV prevention and response during disasters. Such a coordination group should be started by Women's and Children's Protection Unit in the Police with the provincial level disaster management council.



To the IFRC and PMI



- **Prioritise** implementation of the revised IFRC Minimum Standards on Protection, Gender and Inclusion in Emergency Programming **and** *the SGBV prevention and response during emergencies training package* through local and branch level trainings on how to use and integrate this tool into preparedness and response plans.
- **Strengthen** communication and reporting mechanisms within IFRC and NSs should, so that data and analysis on SGBV is fully understood by all relevant actors involved in the humanitarian response and preparedness programs.
- **Integrate** SGBV prevention and response into all facets of disaster programming, including prevention, assessment and responses. Specifically, use the RCRC Vulnerability and Capacity Assessment (VCA) tools and ensure that a gender and diversity analysis is integrated.
- **Integrate** awareness on SGBV and PSEA into existing training curricula for volunteers, staff and governing board.
- **Develop and implement a long-term community-based programme with PMI volunteers and mid-level programme management, which focuses on:** (1) strengthening and building referral pathways in data collection sites, (2) awareness raising on SGBV related issues both during disaster and non-disaster time, (3) psychosocial support to survivors at the community level.
- **Create and implement** special skills and livelihoods programmes for women and girls.
- **Partner (for PMI)** with NGOs/institutions who have experiences in dealing with SGBV, IFRC, local NGOs, Komnas HAM (National Committee of Human Rights), local offices on Women and Children Protection and Empowerment; Social Affairs Office; local NGOs; local governments at the village level.
- **Continue implementing** early intervention and awareness programmes on SGBV prevention and response, such as the enhanced Violence Prevention module for the community-based health and first aid package (CBHFA), which includes messages on SGBV prevention.¹³⁶
- **Develop** holistic and survivor centred medical response during disasters, including the MISP and psychosocial support.
- **Support**, as requested by government, the integration of gender and SGBV prevention and response in disaster related legislation, policies and procedures through PMI and the IFRC Disaster Law Programme.

¹³⁶ This Violence prevention module is currently being piloted in Bangladesh, Mongolia and Vanuatu.



Annex A: List of Service Providers in Indonesia

Type of service provider	Description of organisation	Contact information
Health	ACEH	
		Kepala Dinas Kesehatan Pidie Jaya, dr. Fajrman, SPS Jl. Banda Aceh - Medan KM.158, Gampong Ulee Gle, Meureudu, Kabupaten Pidie Jaya, Nangro Aceh Darussalam Phone:(0653) 51260
		RSUD Pidie Jaya Direktur RSUD: dr. Ernida Dayah Timu, Meureudu, Pidie Jaya Regency, Aceh <u>Phone: (0653) 51260</u>
	BIMA	
		Kepala Dinas Kesehatan H. Drs. Azhari, M.Si. Dinas Kesehatan Kota Bima Jl. Kesehatan No.2 Mpunda Bima 82115, Telp. (0374) 643154, Fax. (0374) 643154
		Direktur RSUD RSUD Kota Bima <u>Jl. Langsung No. 1 Kecamatan Raba Kota Bima</u> Telp /Fax: (0374) 43142.
Psychosocial	ACEH	
	.	PKPA (Pusat Kajian dan Perlindungan Anak) M: +62 823-6964-4244.
	An NGO which provides psycho-social services	Flower Aceh Jalan Chik Mohd Thaeb Peureulak / Jalan Gabus No.15 Lampriet Banda Aceh – 23126 Telp/Fax: 0651-32229; Fax: 0651-26848; Email : flower@aceh.wasantara.net.id
	BIMA	



		<p>Tim Layanan Dukungan Psikososial (LDP); Kementerian Sosial – Kota Bima Jl. Langko No 57 Mataram 83125Telp. (0370) 638428 / 625896Email : sosial@ntbprov.go.id</p>
		<p>LEMBAGA PERLINDUNGAN ANAK (LPA) Jl. Kesehatan I no. 8 pajang timur mataram. Email lpantb02@hotmail.com (0370639045)</p>
Legal	ACEH	
		<p>POS BANTUAN HUKUM DAN HAM (PB-HAM) PIDIE Jl. Jempaka, No. 6, Blok Sawah, Kec. Kota Sigli, Aceh Pidie -081360300300 (pbham pidie@yahoo.com)</p>
		<p>Badan Keluarga Berencana dan Pemberdayaan Perempuan (BKBPP) Pidie Jaya c/q Kepala Bidang Pelindungan Perempuan dan Perlindungan Anak Ms Rosmiati Jl. Banda Aceh - Medan, Meureudu</p>
	BIMA	
		<p>P2PT2A Melati Kota Bima Jl. Gatot Subroto (0376) 646527 c/q Dr. Umi M: +62 85237070783</p>
		<p>LBH-APIK NTB, Jl. Swaramahardika No 26, Mataram-NTB Telp/Fax: 0370-634111 – 632741</p>
Police	ACEH	
		<p>Polres Pidie Jl. Cik Ditiro No. 13 Sigli, Blang Asan, Pidie, Kabupaten Pidie, Aceh 24112, Indonesia Phone: +62 653 21406 (c/q Kasat Binmas: AKP Syafruddin)</p>
		<p>Unit Pelayanan Perempuan dan Anak Polda Aceh Jln. Cut Mutia No.25, Banda Aceh.No.TelpKantor</p>



		:0651- 21770
	BIMA	
		Polresta Bima Unit Pelayanan Perempuan dan Anak Rabangodu Utara, Raba, Bima, West Nusa Tenggara 84115, Indonesia
		Polda NTB Kasubdit IV Ditreskrim Polda NTB AKBP I Putu Bagiartana, Jl. Langko No 77 Mataram Nusa Tenggara Barat, Phone Number: 0370-633152
NGOs	ACEH	
		Flower Aceh Jalan Chik Mohd Thaeb Peureulak / Jalan Gabus No.15 Lampriet Banda Aceh – 23126 Telp/Fax: 0651-32229; Fax: 0651-26848 ; Email : flower@aceh.wasantara.net.id
		Balai Syura (working with men and boys) Jalan T. Iskandar Lorong Puskesmas No. 4 Gampong Lamteh, Simpang Ilie, Ulee Kareng - Banda Aceh - Nangroe Aceh Darussalam -Indonesia. Telp : +62-651-635109 KKTGA (Kelompok Kerja Transformasi Gender Aceh) Jalan Tgk. Abu Bakar No. 1 Peulanggahan Banda Aceh – 23124 Telp/Fax: 0651-32280; Email : kktga@aceh.wasantara.net.id
		Serikat Inong Aceh (women’s livelihood issues and freedom of movement in IDP camps) JL. Tengku Munira Lorong II, No. 16, Blam Ara, Banda Raya, Kp. Baru, Baiturrahman, Kota Banda Aceh, Aceh 23116 Phone: (0651) 7410095
National Level		National Commission on Violence Against Women (Komisi Nasional



		<p>Anti Kekerasan terhadap Perempuan (Komnas Perempuan) Badan Pekerja Bidang Perencanaan, Monitoring, Evaluasi c/q Ms Yulianti Ratnaningsih (Coordinator) Jl. Latuharhari 4B. Jakarta. Indonesia. 10310 Telp +62-21-3903963 Fax +62-21-3903922 e-mail: redaksi@komnasperempuan.go.id, mail@komnasperempuan.go.id</p>
		<p>Child Protection Commission /Women's empowerment and child protection – integrated service centre for child protection and women's empowerment (KPAI) Jl. Teuku Umar No. 10 Gondangdia Menteng Jakarta Pusat DKI Jakarta, Indonesia Telepon: (+62) 021-319 015 56 Fax: (+62) 021-390 0833 Email: info@kpai.go.id; humas@kpai.go.id c/q Komisioner Bidang Sosial dan Bencana, Ms Maria Ulfah Anshor, PhD</p>



Chapter Four: YELLOW: Lao PDR

“The violence increased because of the lack of safety and surveillance [after the disaster]. It started to get worse after two weeks”

- Adolescent boy, Oudomxay

Key Findings



Risk factors identified in the disaster response



What can be done?





Snapshot



A data collection team, comprised of an in-country Lead Researcher, two field level supervisors (one male and one female) and eight Lao Red Cross (LRC) Volunteers and six local interpreters (five male and nine female) were recruited and collected the following data:

- Two hundred and sixty five household surveys (179 female and 86 male respondents) were collected across 27 villages (15 in Oudomxay and 12 in Sekong).
- Seventy nine disaster affected individuals (23 men, 20 women, 17 adolescent boys and 19 adolescent girls) participated in eight Focus Group Discussions (FGDs, four in Oudomxay and four in Sekong).
- Eleven Key informant interviews (KIIs) (two health care staff, two community leaders, one police staff, two judges, one LRC staff) were conducted.
- 47% of respondents reported women and girls felt distressed by the rise in early marriage after the disaster. Thirty two per cent of respondents reported that women and girls felt distressed by the rise in domestic violence after the disaster.
- 29% of respondents reported that men and boys felt distressed by the rise in domestic violence after the disaster. Thirty per cent of respondents reported that men and boys felt distressed by the rise in communal violence after the disaster.
- 43% of respondents said they heard about someone sustaining injuries from domestic violence after the disaster and accessing a health centre. 27% of respondents said they heard someone got raped after the disaster.
- Survivors in this sample population most often go to their sister (45%), father (57%) or mother (58%) for support. However, the village mediation unit is also heavily relied upon.
- The level of SGBV awareness among sector specific personnel is low, shared the majority of KII respondents.
- FGDs with adolescent boys and adult women in Oudomxay point to the risks to SGBV increasing between the first week up to a month after the disaster.
- 54% of all respondents stated that female survivors would best cope by understanding how to discuss such issues within their family. 48% of respondents said the same for male survivors. 42% expressed that support groups for women would help female survivors and 26% support groups for men would help male survivors. 26% also remarked that female survivors need better medical assistance and that both male and female survivors also use “talking to their friends” as a coping mechanism.



4.1 Background and context

Lao PDR, a lower middle-income country in the heart of Southeast Asia, bordering Thailand, Myanmar, Cambodia, Vietnam and China, has a population of 6.8 million (50.2 per cent female and 49.8 per cent male) and is at high risk for recurrent and sudden-onset flooding. Between 2008-2017, 1.3 million people have been affected by flooding in Lao PDR¹³⁷.

In terms of SGBV prevalence, during non-disaster time, the Lao National Survey on Women's Health and Life Experiences 2014 reported that 30.3 per cent of respondents experience physical, sexual or emotional abuse by partners during their lifetime.¹³⁸ These results are in line with global statistics, which state that one out of three women experience physical and/or sexual intimate partner violence or non-partner sexual violence during their lifetime.¹³⁹ Past studies also indicate violence against women (VAW) and girls is culturally accepted. In the Lao Social Indicator Survey (LSIS) 2011-2012, 58 per cent of the female respondents and 49 per cent male respondents stated that VAW is acceptable when women do not follow traditional gender norms and roles.¹⁴⁰

The two disaster affected data collection sites chosen in Lao PDR are Oudomxay and Sekong, both areas with recurrent flooding. Both provinces are also ethnically diverse. Sekong has over 14 ethnic groups, including the Alak (21 per cent), Katu (20 per cent), Tarieng (19 per cent) and Nge/Krieng (11 per cent).¹⁴¹ Major ethnic groups in Oudomxay are the Khmu (60-80 per cent), Lao Lum (25 per cent) and Hmong (15 per cent)¹⁴². Specific disasters that research participants, both during the household surveys and FGDs were asked about, include the 2016 floods in Oudomxay¹⁴³ and 2009 Typhoon Ketsana¹⁴⁴ in Sekong.

The next section reviews the SGBV and disaster legal frameworks in Lao PDR.

¹³⁷ OCHA Lao PDR Country Profile, August 2017.

¹³⁸ "Summary Report. A Study on Violence against Women in Lao PDR." *Lao National Survey on Women's Health and Life Experiences 2014*. National Commission for the Advancement of Women, Lao Statistics Bureau, UNFPA, UNWOMEN and WHO.

¹³⁹ Please see: <http://www.who.int/mediacentre/factsheets/fs239/en/>

¹⁴⁰ As cited in Summary Report. A Study on Violence against Women in Lao PDR." *Lao National Survey on Women's Health and Life Experiences 2014*. National Commission

¹⁴¹ Tagwerker, Edeltraud (6 November 2009). *Siho and Naga—Lao Textiles: Reflecting a People's Tradition and Change*. Peter Lang. pp. 73

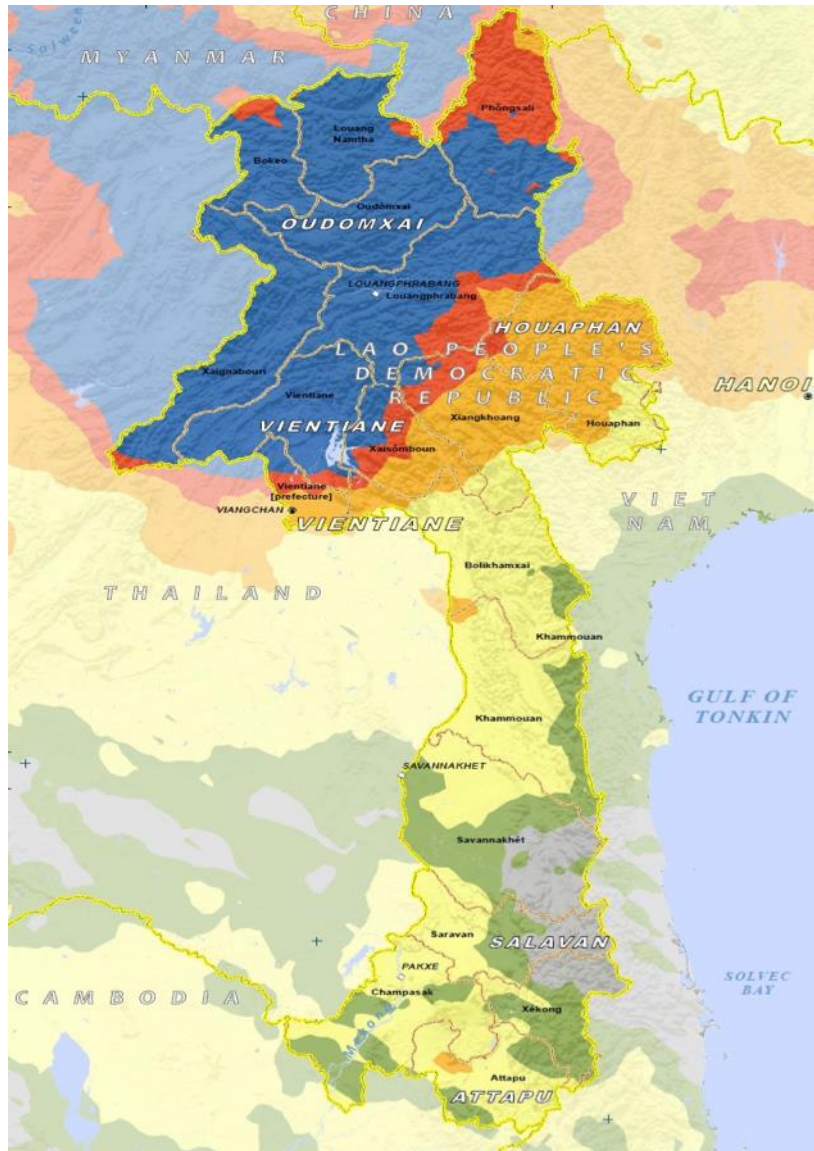
¹⁴² Oudomxay Provincial Tourism Department: Brochure *Welcome to Oudomxay Lao PDR* in: *Reference Library Provincial Tourism Department Oudomxay, Province Administration Oudomxay*

¹⁴³ <file:///D:/Users/PRIYANKA.BHALLA/Downloads/MDRLA004Dref.pdf>

¹⁴⁴ <https://www.wfp.org/content/lao-pdr-post-typhoon-ketsana-rapid-assessment-southern-laos-may-2010>



Map 3: Affected areas in Oudomxay, Lao PDR





Attention to linkages between SGBV prevention and response and Disaster preparedness, response and recovery

I. Laws on SGBV Prevention and Response

Constitutional provisions relevant to SGBV prevention and response in Lao PDR include equality before the law and principles of non-discrimination, as well as the inviolable right of Lao citizens in their bodies, honour and houses. The Constitution further commit the State, society and families to implement development policies and supporting the progress of women and protecting the legitimate rights and benefits of women and children as well as committing the State and society to improve and expand public health care to ensure all people have access, especially women, poor people and people in remote areas.¹⁴⁵

In the Penal Law, rape is defined only as sexual intercourse against a woman's will by threat, force and/or use of substances or other means outside of marriage (Article 128). 'Outrage to Decency' includes acts by any person that causes embarrassment of a sexual nature to another person against their will, with a lesser penalty than rape (Article 137). The age of consent is 15 years of age (Article 129). Other relevant criminal offenses contained in the Penal Law include battery (Article 90), physical injuries caused negligently or inadvertently (Article 91), duress (Article 97), discrimination against women (Article 177). Interesting to note is the so called 'duty to act' contained in the Penal Law, where it is a punishable offence for any person, discovering another person in a life- or health-threatening situation, failing to aid as could be provided or failing to request the assistance of others (Article 93).¹⁴⁶

Human Trafficking is defined and included in the Penal Law (Article 100,134) as well as the Law on the Development and Protection of Women (Chapter one: Combatting Trafficking in Women and Children, and Article 49. Penal Measures against Trafficking in Women and Children). In 2015, the government approved the Law on Anti-Trafficking in Persons" which includes 9 parts and 91 articles in total.

The 2004 Law on the Development and Protection of Women, addresses the overall advancement of women (including educational and professional opportunities), the protection of women's rights and monitoring and documenting how these rights are protected, wherein the Lao Women's Union play the central coordination role. Chapter two contains provisions aimed at combatting domestic violence against women and children, defining it as an act or omission by a family member against women or children in the family which causes physical and/or mental harm as well as causes damage to assets. A survivor of domestic violence has a right to seek assistance (Article 33) and the right counselling, including legal advice and advice on health issues, which shall be provided by organisations that provide counselling services (Article 38).¹⁴⁷

In 2014 and 2015, Lao PDR, strengthened its legal framework on addressing violence against women and children and adopted the Law on Preventing and Combatting Violence

¹⁴⁵ Article 25, 29, 35, 37, 42, Constitution of the Lao People's Democratic Republic (amended 2015), http://www.wipo.int/wipolex/en/text.jsp?file_id=180175 (accessed March 2018)

¹⁴⁶ Lao PDR, Penal Law 1990/2001/2005, http://www.wipo.int/wipolex/en/text.jsp?file_id=180194 (accessed March 2018)

¹⁴⁷ Lao PDR, Law on the Development and Protection of Women, 2004, <http://www.ilo.org/dyn/travail/docs/1425/Lawper cent20onper cent20theper cent20Developmentper cent20andper cent20Protectionper cent20ofper cent20Womenper cent202004.pdf> (accessed March 2018)



against Women and Children. Violence against women and children is here defined as ‘any behaviour that results in or is likely to result in danger; harm, physical, psychological, sexual, property or economic suffering to women and children’. The law highlights the advancement of gender equality, research and data collection, public awareness and the capacity strengthening of concerned stakeholders as key preventative measures and commits the State to provide human resources, transportation, equipment and budget to combat violence against women and children. It provides incentives and disincentives for individuals, legal entities and organisations; it also defines forced sex within the marriage, forced marriage, sex with a person between 15-18 years old, as criminal acts. It establishes roles and responsibilities in reporting, referrals, protection and assistance including social welfare, counselling, safe temporary shelter, care of children, medical, legal, economic, education and vocational training and reintegration into family and society. According to the law, settlements of violence against women is to be conducted in two ways, 1) Re-education, compromise or mediation or 2) Judicial proceedings, serious acts of violence must be settled by judicial proceedings only.¹⁴⁸

According to the ASEAN Regional Action Plan on the Elimination of Violence Against Women (2016-2025), the promulgation of the RPA was followed by several initiatives to bolster the implementation of this regional action plan, including¹⁴⁹:

1. The long-term strategy for Advancement of Women and strategy for Mothers and Children 2016-2025 and Vision 2030, adopted by the government in 2015
2. The National Plan of Action to prevent and eliminate VAW and VAC 2014-2020, adopted by the government in 2014
3. The Women’s Development Action Plan 2016-2020, the strategy for Women’s Development for 2025 and vision 2030, developed by the Lao Women’s Union
4. The Lao National Survey on Women’s Health and Life Experiences 2014, the findings of which provide a strong evidence base for legislative and policy development.

The implementation of the law on prevention and elimination of violence against women and children is spearheaded by the Lao Women’s Union, the NCAW and the National Commission for Mothers and Children. The law also allocates responsibilities to other line-ministries, including, the Ministry of Labour and Social Welfare, the Ministry of Health, the Ministry of Education and Sports, the Ministry of Information, Culture and Tourism, the Ministry of Public Security, the Ministry of Justice, other sectors and the local administrations.

¹⁴⁸ Lao PDR, Law on Preventing and Combatting Violence against Women and Children, 2014, <http://un-act.org/publication/lao-pdrs-law-on-preventing-and-combating-violence-against-women-and-children-2014/> (unofficial English translation, accessed March 2018).

¹⁴⁹ ASEAN Regional Action Plan on the Elimination of Violence Against Women - ASEAN Regional Action Plan on the Elimination of Violence Against Women 2016 – 2025, to progress against commitments made under the 2013 Declaration on the Elimination of Violence Against Women and Elimination of Violence Against Children in ASEAN and the relevant international commitments therein referenced <http://www.asean.org/storage/2012/05/Final-ASEAN-RPA-on-EVAW-IJP-11.02.2016-as-input-ASEC.pdf>



II. Laws on Disaster Management and their linkages to SGBV Prevention and Response

Based on the 2017 IFRC Disaster Law Mapping of ASEAN countries, Lao PDR has the following relevant laws on disaster management:

- DRM System Laws, Decrees and Regulations at the National Level¹⁵⁰
 - 2013 Prime Minister Decree 220/PM and Prime Minister Decree No. 291/GOV 2013
- DRM System Guidelines, Policies, Plans and Strategies at the National Level
 - 2010 Strategic Plan on DRM
 - 2017 Draft National Preparedness and Response Plan

Disaster related laws, which mention content relevant to SGBV prevention and response are the Decree on Social Welfare (No. 169) from 2013. The decree specifically refers to “child with special protection” which includes “orphans, precious child, abandoned child, assaulted child, child with exploitation and sexual abuse, child victims of trafficking, children working in the conditions that endanger health, live or exploitative labor, child in drug and children who has not get justice in proceedings (Article 3.1).” In addition, article 5.1 states that the rights and interests of the “target group” shall be protected. The “target group” includes: orphans under the age of 18, persons with disabilities, elderly men and women over the age of 60, victims of trafficking and individuals and families affected by disasters (article 7).

The decree also states on service provision that an assistance center for child protection and trafficking victims shall be built and that the “target group” can receive services such as medical assistance, legal counseling and assistance in vocational training and gaining other types of employment.¹⁵¹ Article 15 and 16 also mention that children shall receive special protection and be eligible for an education fund.

A proper gender analysis has not been conducted for disaster related laws, decrees and regulations in the Lao PDR context, however the Lao Women’s Union is a member of the new National Disaster Management Committee (NDMC). Lao PDR is in the process of drafting a new law on disaster management and climate change adaptation during 2018-2019. It is vital that the Law drafting committee consult and work together with the NCAW and the Lao Women’s Union to ensure gender mainstreaming and a section on addressing the needs of SGBV survivors during disasters.

¹⁵⁰ Not all laws from the mapping have been included, only legislations relevant to this research study. For more information please see: <http://www.rcrc-resilience-southeastasia.org/document/asean-disaster-law-mapping-implementing-aadmer-a-regional-stocktake/>

¹⁵¹ For full service provision please see article 10.



4.2 Research Findings and Analysis

Quantitative findings

Summary statistics for sample population

Two hundred and sixty five respondents participated in this survey, 67 per cent female (n=179) and 33 per cent male (n=89). There are a higher number of female respondents in this population sample as it was difficult to recruit enough male data collectors. As mentioned in this report's introduction, this study has followed the highest ethical and safety standards. One of the conditions for the data collection teams was to ensure that male data collectors only interview men and female data collectors only interview women. The average age of respondents is 38, 94 per cent (n=250) of them live in rural areas, 89 per cent are married or in a relationship (n=235), 63 per cent (n=168) are literate and 90 per cent of respondents practice animism as their religion. The ethnic background of respondents is quite varied, including Khmu (26 per cent), Khama Leah (13 per cent), Ar Luk (13 per cent), Thareng (11 per cent), Ngae (ten per cent), Khaki Rok (seven per cent) and Lue (seven per cent). The average household size of this population sample is six. None of the respondents in this sample lived in temporary housing after the disaster.

Women's participation during relief distributions and on community watch committees

Eighty three per cent of respondents stated that they benefitted from some type of relief distribution. Seventy four per cent said that women were participating in these relief



distributions, either handing out packages (80 per cent), monitoring (44 per cent) or leading the distribution itself (16 per cent).

Seventy four per cent of respondents also said that their communities have neighbourhood watch committees and the two thirds of these individuals recalled that women participate in these committees. Despite some of these numbers being encouraging, men, women, boys and girls had some major security concerns in the aftermath of the disaster.

Table 1: Security concerns for men, women, boys and girls after the disaster

	Going out alone	Collecting firewood	Collecting water
Women and girls	61%	42%	29%
Men and boys	42%	25%	n/a

Women and girls did not feel safe going out alone or collecting firewood. Men and boys were also afraid to go out on their own. **Going out alone** is a safety and security concern for female respondents in Lao PDR, Philippines and Indonesia, illustrating the need for more safe spaces both in the community and shelter setting for individuals most at risk for SGBV.

SGBV in the aftermath of the disasters

When respondents were asked if any incidents caused women and girls distress after the disaster, 47 per cent of respondents stated women and girls felt distressed by the rise in early marriage and 32 per cent by the rise in domestic violence after the disaster. For men and boys, 29 per cent of respondents felt distressed by the rise in domestic violence after the disaster.



Table 2: Incidents causing men, women, boys and girls to feel distress after the disaster

N = 265	Early marriage	Domestic Violence	Communal Violence	Respondents hearing someone had been raped after the disaster	Respondents hearing someone had sustained injuries from domestic violence after the disaster
Women and girls	47%	32%	n/a	27%	43%
Men and boys		29%	30%		

Sixty per cent of all married respondents said that they have conflict with their partner at least one-two times per month, nine per cent stated they have it on a weekly basis. The primary reasons for this tension are issues related to money (55 per cent), lack of employment (33 per cent), additional stress put on the family’s livelihood or alcohol and drug addiction (25 per cent - all under “Other” category).

Thirty seven per cent of respondents stated that their partner insulted or swore at them one-two times in the immediate aftermath of the disaster (24 of these individuals are men). 14 per cent said that their partner swore or insulted them six or more times (half of these individuals are men). Twelve per cent of respondents shared that their partner threatened to hurt them one-two times (two of these respondents are men), five per cent were threatened with a gun or knife (all female), eight per cent were pushed down or kicked or hit with a fist or something else (in each of these categories one respondent is male) and five per cent were threatened or forced to have sex when they did not want to (all female respondents).



Table 3¹⁵²: Data on SGBV incidents six months following the disaster among married couples (all female survivors)

N = 235	Insulted or swore at you		Threatened to hurt you		Threatened you with a knife or gun ¹⁵³		Pushed you down or kicked you		Hit you with a fist or something else		Threatened or forced you to have sex when you did not want to	
	F	M	F	M	F	M	F	M	F	M	F	M
1-2 times	64	24	26	2	12		18	1	18	1	12	
3-5 times	21		4		5		12		6		4	
6 or more times	16	16	12		3		6		5		2	
Weekly	18		3		0		2		0		3	
Daily	8		0		0		0		1		0	

Availability of Services and Suggested support programmes for female and male survivors

The availability of services in or near the community (within a 3-km radius), as compared to the Philippines and Indonesia is low. The only exception is health services as 60 per cent of respondents stated that health clinics are nearby. Forty per cent of respondents who answered that there are “Other” services, were referring to village health centres or traditional healers. Fifteen per cent said there is a police station nearby, four per cent stated there is a legal information programme and three per cent said there are psychosocial services nearby. Based on the low access to services, fewer survivors in this population sample could avail of reporting their case in comparison to other countries. **There is a strong and urgent need to strengthen the health, psychosocial, legal and police**

¹⁵² This table refers to number of persons affected, not percentages.

¹⁵³ In the Lao PDR context, it is unlikely that a gun was used as only licensed gun owners can legally acquire, possess or transfer ownership of a fire arm or ammunition. Individuals who want to apply for a gun license have to cite a genuine reason for ownership, such as hunting, and pass a detailed background check including criminal, psychological, medical and domestic violence related records. In 2015, a new rule requires re-registration as well: <https://www.rfa.org/english/news/laos/authorities-require-gun-re-registrations-03032015171945.html/>



sectors at the provincial level and make services more easily available to communities.

Community-based action: How do female and male survivors want to be supported?



Support group for women: 42% expressed that support groups for women would help female survivors



Support group for men: 26% said support groups for men would help male survivors.



Talking it over with family / Talking it over with friends: 54% of all respondents stated that female survivors would best cope by understanding how to discuss such issues within their family. 48% of respondents said the same for male survivors. 26% said that discussing such issues with their friends is a good coping mechanism for both male and female survivors.



Medical assistance: 26% remarked that female survivors need better medical assistance.

Qualitative findings:

All FGDs took place in disaster affected, rural villages, where recurrent floods occur on a yearly basis. Four FGDs were conducted in Oudomxay and four in Sekong (two with adult males, two with adult females, two with adolescent girls and two with adolescent boys). In addition, a total of 11 KII were conducted as well with different sectors and individuals relevant to survivor response: health, police, the court, village leaders and LRC staff who was part of the disaster response team.

There was a recognition in the Oudomxay communities that risks to SGBV increase, especially in the immediate aftermath of the disaster. Adult women in Oudomxay mentioned the lack of security and safety, especially during the first two weeks after flooding, creating an environment for more SGBV prevalence.



SGBV, especially domestic violence, inter-personal violence and early marriage commonly occur in most of the communities visited. All FGD participants felt that adolescent girls are most at risk for SGBV in their communities, however the reasons men and women shared were different. Men and adolescent boys expressed that it is a girl’s fault as she should dress appropriately. Adult men also expressed that it is acceptable for a woman to sexually exploit herself if her children are in need of food and money.

Table 4: Summary of FGD respondent participation

Type of FGD	Total number of participants
Disaster affected women	20
Disaster affected men	23
Disaster affected adolescent girls	19
Disaster affected adolescent boys	17

Early marriage and inter-personal violence, in the form of physical abuse between husband and wife or boyfriend and girlfriend, are the most prevalent types of SGBV according to all participants.

“My parents forced me to marry someone I did not like, but I have to endure it, because it is a part of our village and ethnic tradition” stated an adult, female participant in Oudomxay.

Such harmful traditional practices are accompanied by patriarchal beliefs on gender norms and values in the communities that were a part of this research.

What do adolescent girls and boys think?

Adolescent boys in Sekong remarked that watching women and girls secretly, when they are bathing or getting dressed, is “just a joke” and that adolescent girls are most at risk for SGBV because of the way they “dress with their short shorts and their short skirts. Some people can’t control themselves.” However, other male participants disagreed. An adult, male participant in Sekong remarked:

“To improve on such efforts, we need projects that say, ‘Equality for both.’ We can no longer say ‘women are weaker than men’.”

Sexual harassment of any kind is not a “joke” and is against the law.



SGBV exists in daily village life, however the risks to SGBV increase after a disaster, especially within the first month following the disaster, according to adolescent boys and adult women in Oudomxay.

“The violence increased because of the lack of safety and surveillance [after the disaster]. It started to get worse after two weeks” said an adolescent, male participant in Oudomxay.

Adolescent girls emphasised that livelihoods trainings are needed to prevent and decrease SGBV. They also spoke about having proper toilets with locks and early warning systems which reach all community members during the onset of floods.

What do adult women and men think?

Similarly, an adult, female participant shared that the risks to SGBV increase “One-two weeks after disasters.” Adult male participants expressed that it is due to increased economic hardship that violence at home can increase in the immediate aftermath of a disaster.

“The husband told his wife to wait longer before harvesting the corn. Then the flood came and washed everything away. The loss caused conflicts and violence in the family” shared an adult, male participant in Oudomxay.





When SGBV incidents do occur, they often go unreported and are either settled within the family or between the village authority, the perpetrator and the survivor. The most common response during all discussions was to seek help from relatives, friends, village elders and authorities in such situations. Referral pathways do not exist and services for survivors are either not existent in these communities or far away.

Themes emerging from the KIIs

During KII with district level health sector representatives in Oudomxay and Sekong, it was remarked that there is a general lack of awareness and knowledge among healthcare personnel on what SGBV is and how to treat survivors. “I think enhancing our staff knowledge on the issue of SGBV should be increased to allow them to understand better for dealing with SGBV victims in the future” shared a senior health official in Sekong. The Deputy Chief of Police in Oudomxay district expressed that SGBV prevention must target men, women, boys and girls. No family member should be excluded: “I think [SGBV] can be prevented by a family-based approach, starting from the parents. This can be illustrated by previous conflict cases under our investigation often related with family factors and family influence.” FGD participants recommended the following community-based interventions:



Table 5: Suggested interventions by community members for SGBV prevention

Type of FGD participant	Within 1 year	Within 3 years	Within 6 years
Adolescent girls 	Toilets Village PA system for receiving information Village Health Centre	Vocational school which builds livelihood skills for adolescent girls High School	
Adolescent boys 	Outreach and dissemination of information to prevent sexual exploitation and abuse	Set up village surveillance group	
Adult men 	Psychosocial counselling Enforcement of laws and rules Provide better security measures Educational sessions for boys on prevention of sexual harassment Village health centre	Village wide meetings to discuss "bad behaviour" Set up village dispute resolution unit	Village dispute resolution unit should effectively monitor community situation Gender committee in schools Awareness raising sessions by outside organisations
Adult women 	Village health centre Strengthen police Toilets Village meeting areas for women to gather		Legal awareness on SGBV



4.3 Recommendations and areas for advocacy

To all actors



- **Include** SGBV prevention and response and an emphasis on women's, girls', men and boys' safety at all levels of disaster preparedness and planning.
- **Ensure** that all data collection tools, but especially baseline data collection tools used during and after disasters, include questions on women's, men's, boys' and girls' safety, possible signs of SGBV and existing support systems and services. This data should be disaggregated by sex, age and disability.
- **Strengthen local capacity to prevent and respond to SGBV during and after disasters by specifically investing in training of disaster responders at all levels.**
- **Include** women's sector, women's community-based organisations and LGBTQI groups, in the *Inter-Agency Standing Committee* (IASC) cluster planning and implementation stages of disaster response, prioritising their ability to fully function as organisations during disasters, so they can provide support services, to SGBV survivors.



To government and sector specific actors



When comparing outcomes in Oudomxay and Sekong, there are higher levels of awareness in Oudomxay among the health, police, legal and psychosocial sector. However, as mentioned by key informants from all sectors, specialized training on how to treat survivors with a well-functioning referral pathway and the survivor centred approach is missing. Knowledge on how the risks to SGBV can increase during disaster time is also not well known.

Another key result which emerged is that most survivors do not report through formal channels, but prefer to use the village level dispute resolution mechanism. SGBV incidents are often “settled” by large fines being imposed on the perpetrator by the village chief and by community vigilante groups threatening perpetrators if he/she repeats his/her offense. Besides the four sectors, it would be crucial to target the individuals at the village level who try to “resolve conflicts” for the SGBV survivors – often such attempts can cause more harm than good.

In addition to the Social Welfare Decree 169, a regulation like the Indonesian Perka BNPB no.13 on Gender Mainstreaming in Disaster Management should be developed for the Lao context. It is also crucial that both national and provincial level “disaster responders” such as the Ministry of Social Welfare and LRC as its auxiliary partner make their staff aware of the differential needs of women, girls, men and boys during disasters, the increased SGBV risks and the importance of inter-departmental coordination and strong referral pathways.

- Ensure that the new disaster management and climate change adaptation law integrates both gender and SGBV prevention and response during disasters¹⁵⁴. The Ministry of Labour and Social Welfare should create a taskforce with the NCAW for the development of a regulation, which is like section 13 of the Philippines Magna Carta and Perka BNPB no.13 on Gender Mainstreaming in Disaster Management in Indonesia.

For the health sector:

- Partner with the Ministry of Health and implement select trainings on clinical management of rape, how to put the survivor centred approach into practice and how to build a referral pathway, which also remains functioning during disaster time.

For the psychosocial sector:

- Partner with the Lao Women’s Union and existing province level counselling chapters. These chapters may have to receive refresher trainings on specialized counselling for SGBV survivors by the Lao Women’s Union Counselling and Protection Centre for Women and Children in Vientiane.

¹⁵⁴ It will be drafted during the 2018-2019 time period.



Finally, both the courts and police should also undergo awareness training on SGBV prevention and response.

To the IFRC and LRC



- **Prioritise** the implementation of the revised IFRC Minimum Standards on Protection, Gender and Inclusion in Emergency Programming **and** *the SGBV prevention and response during emergencies training package* through local and branch level trainings on how to use and integrate this tool into preparedness and response plans.
- **Strengthen** communication and reporting mechanisms within IFRC and NSs should, so that data and analysis on SGBV is fully understood by all relevant actors involved in the humanitarian response and preparedness programs.
- **Integrate** SGBV prevention and response into all facets of disaster programming, including prevention, assessment and responses. Specifically, use the RCRC Vulnerability and Capacity Assessment (VCA) tools and ensure that a gender and diversity analysis is integrated.
- **Continue implementing** early intervention and awareness programmes on SGBV prevention and response, such as the enhanced Violence Prevention module for the community-based health and first aid package (CBHFA), which includes messages on SGBV prevention.¹⁵⁵
- **Develop** holistic and survivor centred medical response during disasters, including the MISP and psychosocial support.
- **Support**, as requested by government, the integration of gender and SGBV prevention and response in disaster related legislation, policies and procedures through LRC and IFRC Disaster Law Programme.

It is important that LRC uses its role as auxiliary to the government, a “first responder” during disasters and long-term community-based actors, often in villages where other actors are not present. Two of the communities where data collection took place should be chosen for implementation of multi-sectoral community-based programming with women, girls, men and boys. Potential partners for implementing such community-based programmes include CARE, Save the Children, the NCAW, the Lao Women’s Union and NGOs working on spreading legal awareness on SGBV prevention and response.

Internally, LRC should:

- Train its volunteers in psychosocial support for SGBV survivors and how to refer them to services which understand the survivor centred approach
- Train its mid-level programme managers on SGBV prevention and response during emergencies
- Integrate SGBV prevention and response measures into its different departments, including health and disaster management
- Build partnerships with both governmental and non-governmental actors who have been working on these issues for a longer period.

¹⁵⁵ This Violence prevention module is currently being piloted in Bangladesh, Mongolia and Vanuatu.



Annex A: List of Service Providers in Lao PDR¹⁵⁶

Type of service provider	Description of organisation	Contact information
Psycho-social and Livelihoods	<p>The Counseling and Protection Center for Women and Children (CAPCWAC), Lao Women's Union. The shelter has been functioning since January 2006 to serve the need of victims of domestic violence human trafficking and sexual exploitation.</p> <p>The main role and functions of the CAPCWAC are:</p> <ul style="list-style-type: none"> • Educating and providing legal, health and psychological counseling for free through face to face counseling and hotline 1362. • Receive reports on cases of trafficking and domestic violence. • Receive proposal, complaints from women and children who have problems in family and society. • Organise or attend the mediation session as requested by women and children who have problems in family and society. • Represent women and children in the prosecution process. • Organize trainings, advocate and disseminate the National Constitution, laws As well as International Conventions concerning the legitimate rights and benefit of 	<p>Lao Women's Union and Protection Centre for Women and Children</p> <p>Vientiane</p>

¹⁵⁶ An updated mapping of SGBV services in Laos is currently being conducted by UNWOMEN. The services above are for survivors living in or around the capital city, Vientiane.



	<p>women and children. Also conduct activities related to combat violence against women.</p> <ul style="list-style-type: none">• Provide basic services and rehabilitation program for women and children victims of trafficking, domestic violence and sexual exploitation such as: safe shelter, legal aid, medical care, educational and vocational training program, repatriation and reintegration assistance.	
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**International Federation of
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