



Tropical Cyclone Harold Rapid Gender Analysis

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ACRONYMS

COVID-19	Novel coronavirus 2019
DPO	Disabled Persons Organisations
GBV	Gender Based Violence
LGBTQI+	Lesbian, gay, bisexual, transgender and queer or Intersex
MHM	Menstrual Hygiene Management
PDF	Pacific Disability Forum
PICTs	Pacific Island Countries and Territories
PSEA	Prevention of Sexual Exploitation and Abuse
PSHEA	Prevention of Sexual Harassment Exploitation and Abuse
RGA	Rapid Gender Analysis
SOGIESC	People of diverse Sexual Orientation Gender Identity and Expression and Sexual Characteristics
SOE	State of Emergency
SRH	Sexual and Reproductive Health
UNDP	United Nations Development Program
UNFPA	United Nations Populations Fund
VDPA	Vanuatu Disability Promotion and Advocacy Association
VPRIDE	Vanuatu Pride LGBTQI rights advocacy group
VSPD	Vanuatu Society for People with a Disability
VWC	Vanuatu Women's Centre
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

EXECUTIVE SUMMARY

Severe Tropical Cyclone Harold crossed land on the northern island of Espiritu Santo, Vanuatu, in the afternoon of the 5th April 2020. With winds up to 235km per hour, TC Harold was graded at Category 5, the largest cyclone to hit Vanuatu since TC Pam 5 years ago on 13 March 2015.¹ TC Harold travelled straight through the Sanma, Malampa, Penama and Torba provinces and also affecting the Shepherds group in Shefa province and a total population of 159,474 (78,142 female, 81,332 male).²

Any cyclone in Vanuatu creates difficulties for the population particularly in relation to food security for a country where 75% of the population live in rural areas and are reliant on subsistence agriculture. Vanuatu is currently also responding to the very real threat of the global pandemic COVID-19 and so disaster response mechanisms have to refocus to respond to the effects of a category 5 cyclone affecting around 58% of the nation's population.

TC Harold could disproportionately affect women and girls in the Northern provinces impacting their shelter, food security, nutrition, health and protection. In Vanuatu, women have the prime responsibility to ensure that the family has food, they are also the primary care givers for children, the elderly and the disabled who if displaced are at risk of health and protection issues. Maternal and sexual reproductive health (SRH) needs continue in an emergency, but can be overlooked or deprioritised. Women are also responsible for caring for children especially in response to the COVID-19 school closures in Sanma province so if schools are damaged by the cyclone then this will add an extra burden to women's already considerable workloads.

Disasters cause increased stress in families and particularly if the family house and food crops have been destroyed. Vanuatu already has a high rate of intimate partner/family violence. This may increase due to the stress caused by the cyclone. Women and people with a disability in Vanuatu are generally excluded from household or community decision making which will compromise the quality of a response to the effects of the cyclone as decisions may not be mindful of the different needs of the different groups in society especially women, girls, people with a disability.

KEY RECOMMENDATIONS

1. Research: Update the Gender, Disability and Inclusion Analysis as the response continues.

2. Data Collection: Ensure collection of sex, age and disability disaggregated data for all response and recovery activities

3. Inclusion in planning, decision making and implementation: Ensure meaningful engagement of marginalised groups in assessment, response and recovery.

4. Ensure shelter and evacuation facilities are safe: Ensure safe and appropriate shelter and evaluation facilities.

5. Ensure WASH services are safe and accessible: Ensure WASH services and facilities are safe, accessible and ensure dignity

6. Ensure food security: Ensure women, people with a disability and other marginalised groups are engaged in food security planning

7. Prioritise GBV services in affected areas: Ensure services for prevention and response to gender-based violence in communities are supported and inclusive

8. Provision of sexual and reproductive health services and materials: Ensure all vulnerable groups have access to essential SRH

9. Clear communication: ensure women, children and people with a disability are engaged in development, design and delivery of awareness materials

10. Prevention of sexual harassment, exploitation and abuse: Ensure that essential protection policies and mechanisms are in place.

INTRODUCTION

BACKGROUND INFORMATION – TROPICAL CYCLONE HAROLD

On 5th April 2020, TC Harold hit land in northern Vanuatu with 215 kilometre winds damaging the northern provinces of Vanuatu in and particular Sanma, Malampa, Penama and Torba provinces and also affecting the Shepherds group in Shefa province. The islands of Espiritu Santo, Malo (Sanma), Malekula, Ambrym and Paama (Malampa), Pentecost, Ambae and Maewo (Penama) were directly in the path of the cyclone with islands in Torba and Shefa province also being affected.

The combined population of these provinces is 159,474 (78,142 female, 81,332 male)³ equating to 58% of the total Vanuatu population.⁴ Numbers of people directly affected by the cyclone will be gathered by national cluster assessment teams over the next few days. Reports from Red Cross indicate that older people and people with a disability were being moved to evacuation centres in the affected areas and that between 50- 90% of housing has been damaged.

The national disaster mechanisms were put in place for preparation of communities to prepare for the cyclone. The national alert system was communicated through the normal channels including telephone companies and regular alerts and updates on the NDMO/VMGD website. Community Disaster and Climate Change Committees (CDCCCs) were activating their disaster response plans and preparing their communities to respond to the cyclone.

There is a high potential for water and sanitation facilities, housing and other service facilities to have been badly damaged by the cyclone. As well, gardens have been badly damaged. There will be differing effects of this damage on all groups.

THE RAPID GENDER ANALYSIS OBJECTIVES AND METHODOLOGY

This preliminary Rapid Gender Analysis has the following objectives:

- To analyse and understand the different impacts that Severe Tropical Cyclone Harold potentially has on women, men, girls and boys and other vulnerable groups in Vanuatu
- To inform humanitarian programming in Vanuatu based on the different needs of women, men, boys and girls with a particular focus on Gender Based Violence (GBV), Shelter, Health, Water, sanitation and Hygiene (WASH) and Women's Economic Empowerment.

Rapid Gender Analysis (RGA) provides information about the potential different impacts, needs, capacities and coping strategies of women, men, boys and girls and other vulnerable groups in Vanuatu in response to a category 5 cyclone. Research methods for this preliminary RGA focus on secondary data review of existing gender information and input from representative organisations.

DEMOGRAPHIC PROFILE – NORTHERN PROVINCES

SEX AND AGE DISAGGREGATED DATA

The population of four of Vanuatu's northern provinces of Malampa, Sanma, Penama and Torba and the central Shepherd islands combined is 159,474 (78,142 female, 81,332 male)⁵ equating to 58% of the total Vanuatu population. Malampa province with the islands of Malekula, Ambrym and Paama has a population of 40,971 people with 49% women. Penama province with the islands of Pentecost,

Population and Household figures	Vanuatu	Malampa	Penama	Sanma	Torba	Shepherd islands Efate
Female	134,194 (49%)	19,817	15,427	5,431	4949	11297
Male	138,265 (51%)	20,180	15,907	26,714	5152	11758
Households		8,925	7,001	10,792	1,960	4579
Total	272,459	40,971	32,055	53,344	10102	23,056

Ambae and Maewo has a population of 32,055 people with 49% women. Sanma province with the islands of Malo and Espiritu Santo includes Vanuatu's second capital and municipal area of Luganville and has a population of 53,344 with 49% women, Torba province with islands Torres, Ureparapara, Motalava, Mere Lava, Gaua, Mota, Vanua Lava has a population of 10,102 with 49% women and the Shepherd islands group has a population of 23,056 with 49% women. 13% of people in Vanuatu have some form of disability⁶ (13% female/12% male) with 7-8% of primary school children reporting they have a disability.⁷ People with disabilities in Vanuatu are much more likely to be poor with nearly 31% of people with severe disabilities living in poverty compared with 16% of people without disabilities⁸.

Life expectancy in Vanuatu is 73 years for women and 70 years for men⁹. In the affected areas (Malampa, Penama, Sanma, Torba and Shepherds group) 10,486 people are over the age of 60 and 62,383 children are under the age of 15¹⁰. In Malampa, 8.05% of households are headed by women, in Penama 8.3% and in Sanma only 6.3%, in Torba 7.09% and in Shepherd group 7.5 % are headed by women¹¹. Households in Torba average 5 people, Sanma 4.9, Shefa 4.8 and in Penama and Malampa, the average is 4.5 people per household.¹²

Adolescent fertility rates in Vanuatu are very high with 82 births per 1000 from women aged between 15-19 years old.¹³

The lifetime prevalence rates for emotional and physical and/or sexual violence by an intimate partner in Malampa, Sanma and Penama provinces is significantly higher than the national average. Emotional abuse from an intimate partner in Malampa was registered at 80%, in Sanma at 78%, and in Penama at 77% compared with 68% at a national level whereas Torba was 68% and Shefa province 46%¹⁴. For physical and or sexual violence Malampa registered 75%, Sanma 74%, Penama 69% and Torba 53% and Shefa 31% compared to the national average of 60%.¹⁵

FINDINGS AND ANALYSIS

The findings and analysis from the review indicate the following:

TC Harold could disproportionately affect women and girls in a number of ways including adverse impacts to their food security and nutrition, health, livelihoods, and protection. In Vanuatu, women are primarily responsible for ensuring the family has food on the table as well as performing 63.6% of

unpaid reproductive labour.¹⁶ The unequal division of labour in the household will be exacerbated as women seek to replant gardens and find food to feed families over the next few months.

Between 89.9% and 99.2% of the Northern provinces' population live a subsistence life relying on the land and livestock to provide family sustenance. Communities in the affected areas are likely to experience a double economic blow from the combined effect of TC Harold and the economic damage anticipated as a result of the COVID-19 global pandemic closing the tourism sector and the seasonal worker schemes with Australia and New Zealand.

Women typically have limited influence in decision making about expenditure and resource use in the household¹⁷ and at the community level are excluded from traditional governance structures.¹⁸ Women have limited control over land and decision-making power over land use. Female headed households are more vulnerable to poverty than male headed households and there are 6.3% female headed households in Sanma, 8.05% in Malampa, 8.3% in Penama, 7.09% in Torba and 7.5% in the Shepherds group.¹⁹

Women's maternal and sexual reproductive health (SRH) needs continue in an emergency, but these can be overlooked or deprioritised. Women and girls in the northern provinces of Malampa, Sanma and Penama are at a higher risk than the national average for emotional and physical and/or sexual abuse by an intimate partner and so where there is increased stress from a disaster there is the higher likelihood of increased violence against women and girls. The physical geography and the lack of services in these provinces pose considerable challenges to service provision as well as response to and recovery from TC Harold for the affected populations.

GENDER ROLES AND RESPONSIBILITIES

Division of labour (reproductive and productive)

In Vanuatu, women are the primary care givers in the family and are responsible for the bulk (63.6%) of unpaid reproductive labour.²⁰ They make up 49.5% of producers in the informal and traditional economy making them vulnerable to natural disasters, exploitation, unsafe working conditions with limited protection from Vanuatu's labour laws.²¹ Women make up 34% of the paid workforce in Sanma, 33% in Malampa and 29.8% in Penama, and only 19% in Torba.²² 90% of carers of people with a disability are women.²³

The unequal division of labour in the household will be exacerbated as women seek to replant gardens and find food to feed families over the next few months. In addition to work to ensure their food security, the closure of schools demanded by COVID-19 response will further exacerbate the burden of unpaid care work on women.²⁴ The burden of home schooling is significant for parents and mothers in particular as they are the ones who are expected to provide this support to their children. Women have indicated that they are feeling unprepared for this extra role and that it has the potential to increase tension and stress within the household over balance between women and men's roles.

"Women are the first responders and a vital resource. You cannot do much without the wealth of knowledge that they have in the response, recovery and further development,"

Rothina Noka, Director,
Vanuatu Department of
Women's Affairs.

Economic empowerment

Communities in the affected areas are likely to experience twice the economic damage that the rest of the country is feeling as a result of TC Harold. This will come from the combined effect of TC Harold and the economic damage anticipated as a result of the COVID-19 global pandemic closing the tourism sector and the seasonal worker schemes with Australia and New Zealand. In Vanuatu, the travel and tourism industry contributes around 48% of GDP.²⁵ Vanuatu is anticipating thousands of job losses in the tourism sector.²⁶ As men are the majority of seasonal workers (86% men, 14% women), the pause in these programs will primarily affect men's ability to support the family with wages from seasonal work.¹ People from the affected provinces make up 58.9% of seasonal workers.^{2 27}

Women's economic empowerment is additionally curtailed by social norms which limit women's control over economic resources and decision making over financial resources in the household.²⁸ It is important to take social norms into account when designing response and recovery activities to support communities such as Cash and Voucher Assistance programs. A recent study in Solomon Islands identified that marital conflict and violence against women was exacerbated when Cash and Voucher Assistance (CVA) programs were introduced into the household without first taking in to account the gender dynamics of household decision-making.²⁹ Women are already at a disadvantage economically, as they have less time to engage in paid labour as a result of their domestic duties.³⁰

It is possible that the economic stimulus package introduced by the government on 1st April 2020 in response to the likely economic damage from COVID-19 may provide some relief to people affected by TC Harold. The package covers changes in revenue including tax and charges relief and interest rates reduction and other incentive measures designed to help businesses stay open and employing staff. For small to medium businesses, license fees will be cancelled and support will be provided to the productive sector for cash crops (copra, kava cocoa).³¹ There are no measures detailed on very small traders such as roadside market stalls which are predominantly managed by women. The government has indicated that if small businesses including 20 Vatu food sellers and producers of arts and crafts are a registered businesses and hold a business license, then they would be able to access the government stimulus package. It would be important to understand how many small traders have taken out business licenses and what proportion of them were women. It would also be important for the government to recognise the importance of these small traders in providing an income to family and target effective support to them.

DECISION MAKING

Decision making within the household and community

Women's engagement in decision making and leadership is very low in Vanuatu. At the household and community levels, women typically have limited influence in decision making about expenditure and resource use.³² At the community level, traditional governance structures and kastom is used to specifically exclude women, especially women with disabilities, combined with complex social norms which fail to value women's contributions.^{33 34} In a recent study on women's access to justice in Malampa, the study confirmed women's limited role in decision making, but there seems to be some openness to expanding this: 38% of chiefs, 49% of men, and 56% of women thought everyone should

¹ On average, for the duration of their employment, each seasonal worker remitted or returned with VUV 708,000 (AUD 8,850).¹

² In 2017-18, approximately 7000 people from Vanuatu (14% female) participated in the seasonal workers programs in New Zealand and Australia 19% were from Malampa, 9.3% Penama and 14% from Sanma

have the right to speak in the nakamal; and while 39% of chiefs said women currently played a role in solving problems in their community, 64% said they should.³⁵

The NDMO's National Community Based Disaster Risk Reduction guidelines for Community Disaster and Climate Change committees (CDCCCs) assert that CDCCCs should be gender balanced.³⁶ In most cases, the majority of CDCCC leadership is male and women are often found in small numbers making them less likely to receive critical information for preparedness and to be able influence decisions. When women are excluded from decision-making, their needs and priorities become invisible, resulting in preparedness, relief and recovery approaches that do not engage women nor serve them, thereby increasing the impact of disasters³⁷. Research in Tafea province following TC Pam in 2015, found greater involvement of women in disaster leadership contributed to more inclusive preparedness and response.³⁸

In Vanuatu, the key community decision makers are Chiefs and church leaders who are predominantly men. As the community will abide by the decisions and rulings of the Chiefs³⁹, they can be a powerful force in ensuring the community responds to disasters.

Participation in public decision making and decision making about humanitarian services

Women, people with disabilities and people of diverse sexual orientation and gender identity and expression are typically excluded from national, provincial and community level committees and decision-making structures.⁴⁰ At the level of formal and national governments, women are significantly under-represented in Vanuatu with no women in the National Parliament.⁴¹ In the public sector, women make up only 3.4% of senior management positions.⁴² This means fewer opportunities for women to contribute to governance processes and their specific needs are often not considered. For women with disabilities, there are even less opportunities for inclusion and participation than the rest of the population.⁴³

Over-protectiveness can result in people with disabilities being kept at home “for their own safety”, preventing participation. Sometimes people with disabilities remain at home because their families believe that their participation might create a burden for others. As a result, provincial and national governments and non-government organisations often do not know where people with disabilities are, and what their specific priorities are, which can result in service planning which excludes their needs.⁴⁴ It is particularly important for people with disabilities and their carers to be heard in assessments to ensure that needs are identified and locations mapped as needs are often quite different from people without disabilities.

The National Disaster Management Office in Vanuatu is headed by men, and other structures such as Provincial Disaster Committees, Clusters and other response mechanisms are heavily male dominated.

CONTROL OF AND ACCESS TO RESOURCES

Land and Shelter

The rules of custom define land ownership in Vanuatu. In Vanuatu, women have limited control over land and decision-making power over land use, as such decisions are made by the men of their households – by their husbands in the case of patrilineal systems, or by brothers and uncles in the case of matrilineal systems.⁴⁵ Women's access to safe shelter if their own house has been destroyed or damaged may be affected by male ownership of land.⁴⁶ Women headed households are particularly vulnerable as control of land often is granted to male family members following the death of a husband leaving women lacking in land security.

Early reports from Sanma are indicating that in the areas hit by TC Harold between 50-90 % of houses have been destroyed or damaged. According to the Mini-Census of 2016, Malampa province has a total of 8925 households, Penama province has 7,001 households, Sanma province has 10,792 households, 1960 in Torba and 4579 in the Shepherds. Damage to 50% of these would affect a total of 16,628 households across the five provinces. Usually the poorest households are headed by women and 50% destruction of their homes would mean that 812 households in Sanma, 640 in Penama, 798 in Malampa, 77 in Torba and 171 in Shepherds will be affected.⁴⁷ The vast majority of houses in the affected provinces are made of traditional materials which may indicate a need to rebuild rather than repair only.³

Food security

In the Northern provinces, communities are very reliant on gardens and livestock for subsistence. In Torba 99.2% of households grow vegetable crops with 98.1% in Malampa, 98.5% in Penama and 89.9% in Sanma.⁴⁸ 89.5% of Torba households are engaged in livestock production (73.3% in Sanma 93.7% in Penama and 86.9% in Malampa). 87.5% of households in Penama grow cash crops (63% of households in Sanma (74.3% in Torba and 72.6% in Malampa). The considerable damage done to gardens and animals by TC Harold will have a more intense impact for rural communities than urban communities who have a greater reliance on employment for their income.

On average, people in urban areas in Vanuatu spend 42% of their available income on food (compared to 17% in Australia).⁴⁹ The Northern provinces make up 47% of the Vanuatu paid workforce.⁵⁰ ⁴ With large numbers of people without work due to COVID-19, there will also be significant food insecurity experienced in the urban areas of Luganville. Female headed households are more vulnerable to poverty than male headed households. Communities already face multiple physical challenges in maintaining food security in the Northern provinces including growing crops in areas close to volcanoes and affected by regular ash fall (Ambrym and Ambae) and over the past 6 months rainfall below usual levels.⁵¹ In Vanuatu, where women are primarily responsible for ensuring food for the household⁵², the increasing scarcity of food and pressure to perform productive labour to secure food and essential items may trigger domestic violence within families.

ACCESS TO SERVICES

Access to WASH services

Access to water and sanitation in Vanuatu is not universal with people in rural areas primarily accessing unimproved water and sanitation facilities including shared toilets, pit latrine without a slab, flush/pour to anything other than septic tank or sewer.⁵³ 65.2% of all households in Vanuatu have no access to improved sanitation. In comparison, in Shepherds 55.6% of people have no access to improved sanitation, in Malampa, 63.1%, Torba 67.4%, Sanma, 68.7% of people and in Penama 77.5% of people have no access to improved sanitation. Nationally at least 15.7% of households (3% urban and 19.9% rural) do not have access to drinking water. In Penama, its only 12%, in Torba 15.4% but in Sanma and Malampa it goes up to 19.2% and 22.8% respectively.

³ In Malampa 5733 houses are made of traditional materials, whereas only 1638 are made of concrete, cement or brick; in Penama 5026 houses are made of traditional materials whereas 1034 are made of concrete, cement or brick; in Sanma, 4076 are made of traditional materials whereas 3090 are made of concrete, cement or brick. This reflects the housing of the provincial capital Luganville. Reference: http://vanuatu.poggis.spc.int/#bbox=18508791,-1693224,556554,349771&c=indicator&i=d2a_wall.walls_pc&t=A02&view=map4

⁴ Sanma has 20% of the national labour force (2622 women and 4896 men employed), Penama 12% of the national labour force (792 women and 1858 men) and Malampa 15% of the national labour force with 1157 women and 2343 men).

Women and girls with and without disabilities are disproportionately affected by the lack of access to basic water, sanitation and hygiene facilities, due to increased vulnerability to infection during menstruation and reproduction. Women and girls also have a larger role relative to men in water, sanitation and hygiene activities, including in agriculture and domestic labour.⁵⁴ In Vanuatu, women need, use and benefit from water in different ways than men - with women generally being the primary collectors and users of water for domestic purposes (including food preparation, housekeeping, laundry, child hygiene and home gardens) while men use water more exclusively for agriculture – including irrigation and livestock watering, bathing and preparation of kava.⁵⁵ With the potential for damage to water systems from TC Harold, women and girls may face higher security risks in collection of water and when accessing shared sanitation facilities at evacuation centres or where they are sheltering.

Access to Health Services

Health care systems in Vanuatu face unique logistical and financial challenges in delivering health care to small and scattered populations living in remote and inaccessible areas spread over 82 islands. Gender inequality increases women's vulnerability and inhibits their access to health care services and information. Gender norms and women's low status affect women's ability to make decisions over their own lives particularly around sexual and reproductive health and family planning and limits their access to education and health care. Despite almost all births being attended by medical professionals in Vanuatu, the maternal mortality ratio and neonatal mortality ratio remain high. In 2015, there were 78 maternal deaths per 100 000 live births and 89% of births were attended by medical professionals in 2013 (96% urban and 87% in rural areas).⁵⁶ It will be important for all groups to continue to access family planning, contraceptives and condoms to ensure they can continue to manage their reproductive and sexual health.⁵

Menstrual Hygiene Management (MHM)

In Vanuatu, women and adolescent girls face multiple challenges to managing menstruation effectively and with dignity. In many school and workplaces, WASH facilities are inadequate to meet menstruating girls and women's needs. Challenges include non-functioning toilets and showers, poorly maintained facilities lacking in privacy, toilet paper, safe disposal options, soap and water. Inadequate WASH facilities contribute to unhygienic practices or extended delays in changing materials.⁵⁷ With disruption to the supply chain for sanitary materials that may have been caused by TC Harold, as well as a reduction in income caused by the COVID-19 response, women and girls' ability to access menstrual hygiene management materials may be affected. Menstruation is a taboo topic in many parts of Vanuatu, leaving girls without clear information about menstruation until they experience their period.⁵⁸ Taboos also restrict menstruating women touching or preparing food and beliefs that exposure to menstrual blood brings bad luck to men and boys.⁵⁹ In a shelter or evacuation centre context, this may exacerbate the carer workload for other women in the household and could adversely affect people with a disability whose only carer is restricted by cultural norms.⁶⁰

Access to education

With potential damage to schools in the three provinces, both girls and boys may miss many months of school. Girls are at higher risk of not completing their education if their schools close. In the past 3 years there has been a significant increase in the attendance of girls in school in secondary level in Vanuatu with 45.8% of school students female and 39.2% male.⁶¹ However with the destruction of the

⁵ This would include women, men and members of the SOGIESC community (Sexual Orientation Gender Identity and Expression and Sexual Characteristics)

school and no clear alternative for study location due to widespread damage, there is a risk that girls may drop out of school because of limited support with home-schooling as parents may lack sufficient education to provide effective support, peer pressure through social media from friends or increased work requirements at home.

Access to information

Women's access to information is strongly affected by gendered norms in Vanuatu where men as 'household heads' control who accesses information in their household. Men will often go to awareness sessions or go to town to receive information, with the expectation that this is shared in the family however this is not assured and messages can be incorrectly interpreted or not passed on. Technical jargon is not understood in communities and most people prefer to face-to-face communication rather than written health education materials.⁶² Men in Vanuatu have a higher literacy rate than women (male 88.3%, female 86.7%). In the over 65 year group, the rate significantly dropped for women with only 43.2% literacy compared to 57.9% for men.⁶³ Levels of education for people with a disability are also lower than for people without disabilities and so their ability to access written material may be significantly affected by literacy levels.

The primary communication systems of radio and mobile text messaging are not always available to all, particularly women, vulnerable people such as those living with disability and people living in remote communities. In Vanuatu phone access and use is generally more available to males than females in rural areas. In urban areas however it is reported that more females have access to telephones than males.⁶⁴ In Ambrym community disaster plans include cone shells as part of their communication methods.^{65 66}

One of the key issues for people with disabilities in a disaster is the communication of important information. In many cases, information is disseminated through meetings in the nakamal which will essentially see many groups including women and people with a disability missing out on vital information about how to prepare for and respond to a disaster.⁶⁷ People with a disability are likely to have lower levels of literacy with only 48% of people with a disability having attended school compared to 72% for the people without disabilities.⁶⁸ Research following TC Pam found that only 38% of adults with disabilities could read an SMS message as compared to 58% for adults without disabilities.⁶⁹ SMS messages are used by the NDMO to provide cyclone alerts to the population.

PROTECTION

Gender Based Violence (GBV)

The prevalence rates for violence against women in Vanuatu are some of the highest in the world⁶ and in Malampa, Sanma and Penama provinces, they are higher than the national average. Emotional abuse from an intimate partner in Malampa was registered at 80%, in Sanma at 78%, and in Penama at 77% compared with 68% at a national level whereas Torba was 68% and Shefa province 46%⁷⁰. For physical and or sexual violence Malampa registered 75%, Sanma 74%, Penama 69% and Torba 53% and Shefa 31% compared to the national average of 60%.⁷¹

Male family members and boyfriends perpetrate most of the violence and studies show that women and girls with disabilities are two to three times more likely to be victims of physical and sexual abuse than women with no disabilities and they also experience different forms of violence from women

⁶ 60% percent of women aged 15 to 49 years experiencing some form of partner violence in their lifetime, 68% experiencing emotional violence and 69% coercive behavioural control by men.⁶

without disabilities such as the denial of food or water, and forced sterilization and medical treatment.⁷²

Research indicates that intimate partner violence increases as a result of the effects of disasters including scarcity of basic provisions, increased stress due to loss of income, bereavement, loss of property, breakdown in law enforcement and breakdown in the economy and destruction of social networks.⁷³ Women and girls living with disability are even more at risk as their physical isolation, exclusion and dependency increase the extent of abuse they are subjected to and limit the actions they can take.⁷⁴

People of diverse Sexual Orientation Gender Identity and Expression and Sexual Characteristics (SOGIESC) face violence, abuse and discrimination in Vanuatu. Discrimination continues during a cyclone and response. Sexual and gendered minorities in cyclone affected areas are reporting abuse, as well as threatening and controlling behaviour of other evacuees. They have been blamed for the cyclone occurring from a religious perspective.⁷⁵ They are made to feel unwelcome in evacuation centres and prefer to stay at home however with the cyclone, this is not a safe option. They feel unrecognised and rejected as first responders despite working to support the evacuation of older people.⁷⁶ Sexual and gendered minorities have engaged with available counselling and violence services in the Northern provinces however they have found that services have not always been open to providing counselling to sexual and gendered minorities.⁷⁷

Effective police, justice and health systems are a critical element of reducing violence against women and girls by providing protection and care to survivors of violence and make a statement about behaviours that are not acceptable.⁷⁸ In the Northern provinces, access to police and justice services for women, girls and people with disabilities who have experienced violence is challenging because of lack of human and material resources. When questioned during recent research on access to justice, 56% of community members in Malekula indicated they rarely saw police and 39% said they never saw police in their community including those close to a police post.⁷⁹ In Malekula, the police are understaffed and have few resources to support travel to communities. The Family Protection Unit relies on the Vanuatu Women's Centre in Malekula to support fuel costs.⁸⁰

In rural areas, domestic violence cases are usually dealt with by chiefs and not the state justice system.⁸¹ Health services are limited and the number of police posts in Vanuatu are insufficient to provide appropriate coverage especially in rural areas. Counselling services for survivors of GBV are available in Vanuatu, with a network of 39 counsellors of CAVAW (Committee Against Violence Against Women) organised through the Vanuatu Women's Centre (VWC) across 6 provinces.⁸² Each of the four Northern provinces house a counselling centre and Sanma also has 4 CAVAW, Malampa 7 and Penama 10, Torba 7 and the Shepherds 4.⁸³ CAVAW are trained in counselling and handling cases and referral to the VWC.

Psychosocial support

Category 5 Severe Tropical Cyclones have the potential to cause significant stress to the populations in the path of the cyclone. Depression and suicidality arising from prolonged exposure to adversity and for women and children and other marginalised groups, there is the added stress of violence. Vanuatu has limited psychosocial health services available and so it is vitally important that responses to the cyclone include understanding the psychosocial damage that is being done and how to respond.

Child Protection

Sexual abuse of children and incest is common in Vanuatu and female children from a previous relationship or adopted children are likely to be most at risk of incest.⁸⁴ Girls in Vanuatu are particularly vulnerable to exploitation and violence. The prevalence of sexual abuse against girls under the age of 15 at almost 30% is also one of the highest in the world, with the majority of perpetrators male family members (55%) and boyfriends (33%).⁸⁵ In a 2008 baseline study, 78% of community members surveyed admitted to physically harming children.⁸⁶ Previous crises in Pacific countries have found several serious child protection issues including instances of neglect, separation, abandonment, abuse, economic exploitation, illegal adoption and trafficking, physical, sexual and other forms of violence.⁸⁷

Recent research conducted by ECPAT International on the sexual exploitation of children in the Pacific⁸⁸ found that it was more common than previously thought. Findings noted that about one-third of victims are boys and two-thirds are girls with 93% of offenders being male and 32% of 'enablers' being female. Offenders were most likely to be from the child's extended family, including grandparents, uncles/aunts, cousins, and siblings. Parents/step-parents and community members were the next most common categories of perpetrators. The research noted a strong stigma attached to being a victim of sexual exploitation, cultural taboos around discussing sex and the fear of further judgement by communities and other family members as limiting children's ability to speak out and report offending against them. Evacuation from homes due to damage caused by a cyclone presents a risk of exacerbating these risks to children.

Sexual Exploitation and Abuse

When disaster strikes and affects the functioning of usual systems there may be an increase in [sexual exploitation and abuse](#). This is where at-risk groups (particularly woman, child heads of households and single women living in poverty, widows, adolescent girls, sex workers, LGBTQI+ populations, and disabled men and women among others), who are struggling in terms of safe shelter, reduced income and employment opportunities, may be forced or coerced to provide sex in exchange for food.⁸⁹

People with disabilities

Around 13% of the total population of Vanuatu is reported to have a disability, with the prevalence being slightly higher amongst women (13%) than men (12%).⁹⁰ Women with disabilities are at considerably higher risk of physical and sexual abuse and neglect due to gender norms and differing needs particularly menstrual hygiene management.⁹¹ Discrimination and emotional violence from family members and people in the community is a part of daily life for people with disabilities in Vanuatu.⁹² There is concern that such violence and abuse will increase with dislocation and evacuation as a result of the cyclone and that current violence support services will struggle to meet the specific needs of people with a disability requiring violence counselling and support.⁹³

The dislocation of evacuation to either an evacuation centre or another undamaged house of family or friends, is impactful for people with a disability who may have lost their assistive devices (wheelchair, walking stick or devices within the house) in the cyclone and who do not have the comfort of their own safe space. It was found during TC Pam in 2015, that evacuation centres on the whole are not accessible for people with disabilities including the toilet facilities. Due to higher rates of incontinence as well as menstrual hygiene needs, women with a disability have difficulties using inaccessible toilets with dignity. Incontinence requires greater use of water to clean up and wash clothing and this may not be available in evacuation centres or homes used as refuges.

The burden for carers of people with a disability is increased in times of evacuation particularly where the carer may be an older person or grandparent. Issues of nutrition become pertinent in times of disaster where it may be difficult to provide for the nutritional needs of people with a disability such as soft foods i.e. bananas for high needs children or a diet suitable for amputees with diabetes. It was found during TC Pam, that people with disabilities were becoming malnourished due to the lack of foods appropriate to their needs.⁹⁴ With schools affected by the cyclone, combined with the COVID-19 prompted shutdown of some schools in the Northern provinces, education needs of children with disabilities require special attention as parents are often unable to provide the technical support needed by children.

People with disabilities can also inadvertently be left out of community preparedness efforts due to communications not being tailored to their needs and therefore inaccessible.⁹⁵ The NDMO community based disaster risk reduction guidelines that provide guidance to all CDCCs in Vanuatu assert that vulnerable people should be part of the decision making processes of disaster preparedness and response.⁹⁶

Safety within evacuation centres and WASH

There is considerable learning from previous disasters in Vanuatu. Shelter lessons from the Ambae volcano evacuation 2018/9 include the importance of addressing the needs of vulnerable groups including privacy, access and security and the importance of hearing the voice of and providing support to families who take in evacuees during a disaster.⁹⁷ It is vitally important for women and vulnerable people to feel safe in their shelter and also that their rights are understood the same by all parties.⁹⁸ Marginalised groups such as sexual and gendered minorities also need to have safe spaces to recover from abuse and discrimination as found in post TC Winston research conducted in Fiji.⁹⁹

Water and sanitation systems may be damaged during the cyclone requiring people to seek such services further from their home base. It is important to note many women and girls including women and girls with a disability in Vanuatu experience violence when accessing water and sanitation facilities particularly in rural areas. It is important for humanitarian response to take this safety issue into account in messaging and practical support.

CAPACITY AND COPING MECHANISMS

Livelihoods and Agriculture

Traditionally following cyclones in Vanuatu, people replant almost immediately. Regular advice from the Department of Agriculture reminds farmers prior to cyclones to remove leaves from bananas, prune island cabbages, trim top of cassava plants, harvest bananas that are ready, harvest water taro that might be washed away by water, and harvest enough food and store them at home and keep the seeds to replant.¹⁰⁰ In Vanuatu, women bear the responsibility of providing food to feed the family and of finding alternative income while maintaining their responsibilities in the home whilst men tend to focus more on producing cash crops such as kava, cocoa and coffee.¹⁰¹ One vulnerability study showed that with economic shocks, virtually all households in Vanuatu tightened their household budget and curtailed spending on food, education and health in order to cope with the food price hikes. The study found that female-headed households were among the most vulnerable and women generally bore a greater burden in the adjustment to these shocks.¹⁰²

Savings

In Vanuatu, more than one quarter of rural women save through informal mechanisms, such as savings clubs, including VANWODS' microcredit scheme, which has offices in Malekula and Santo, and

cooperatives in rural areas. Despite women's incomes being lower than men's incomes on average, women were found to be more financially active and more likely to report saving in the past year compared to men. Overall, 65% of women reported saving in the past year, compared to 53% of men. These savings were most likely allocated for education and/or to start or expand a business.¹⁰³

Household capacity

A vulnerability study carried out in Vanuatu and the Solomon Islands found that traditional wealth (livestock holdings, environmental assets and social capital) acts to absorb sudden shocks and support the resilience of households.¹⁰⁴ The study found that the two key factors in resilience of Vanuatu communities were a) the importance of food gardens and b) traditional social support systems. The support of the extended family and strong community ties ensure that when people fall on hard times they are looked after by others who are faring better.¹⁰⁵

CONCLUSIONS

It is highly likely that TC Harold will have a disproportionately negative affect on **women and girls** in a number of ways including adverse impacts to their food security and nutrition, their sexual and reproductive health, their education, livelihoods, and protection. Social norms in Vanuatu dictate that women are primary care givers and responsible for provision of food to the family. TC Harold has decimated gardens, food stocks and houses thereby placing women in a vulnerable position. Women's and girls' reproductive workload will increase in looking after children, people with a disability, and the sick and older members of the family and sourcing and collecting water. Their productive workload in finding food for the family and or an income will also increase and the potential for violence will also increase due to stress and challenges in meeting their responsibilities. Their maternal and sexual reproductive health (SRH) needs continue in an emergency.

People with a disability are especially at risk with lack of engagement in community and family decision making, dislocation from safe surrounding and assistive devices, increased sexual abuse especially for women and girls with disabilities due to lack of protection from their usual home and being placed in evacuation centres or other people's houses. Potential for malnutrition due to foods that are not appropriate for individual physical needs such as soft foods for difficulties swallowing or foods appropriate for diabetes. Increased potential for emotional or physical abuse from those who do not know or understand a person's disability. Abuse may include withholding of foods or being hit for unusual behaviours. Lack of access to accessible and dignified toileting and bathrooms may increase discrimination and feelings of shame.

Other **marginalised groups** such as sexual and gendered minorities may experience increased discrimination, abuse and violence as a result of dislocation and therefore require safe spaces and access to networks as part of their recovery.

RECOMMENDATIONS

1: RESEARCH

Expand and update the Gender, Disability and Inclusion Analysis with contextualised response recommendations as the response continues.

As the communities of the Northern provinces respond to and recover from the effects of TC Harold it is important for the Vanuatu Gender and Protection Cluster to continue to analyse how people are coping and to provide information to responding agencies so that they can amend their response and recovery activities to take into account the differing effects of the disaster on different groups, particularly marginalised groups. Response recommendations should not perpetuate harmful gender norms, discriminatory practices and inequalities and should recognize how Vanuatu's social, culture and gender norms, roles, and relations influence vulnerability¹⁰⁶ for women, men, boys, girls, people with disabilities and other marginalised groups

2: DATA COLLECTION

Ensure collection of sex, age and disability disaggregated data for all response and recovery activities including types of disability, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse.¹⁰⁷

It is important to collect data that is disaggregated by sex, age and disability including type of disability (using Washington Group Questions) and if possible also capture data on female headed households, pregnant and lactating women and people of diverse SOGIESC. Data should also be collected on

impacts on livelihoods, wellbeing, gender based violence and child protection. This enables the monitoring of these key societal issues which have negative impacts on certain community members.

3: INCLUSION IN PLANNING, DECISION MAKING AND IMPLEMENTATION

Ensure meaningful engagement and participation of women, girls, boys, people with a disability and other marginalised groups⁷ in all TC Harold planning and decision making on assessment, response and recovery. This should include engagement with networks and representative organizations. Ensure activities are adapted to the needs of each group and assessment, response and recovery activities are not further discriminating and excluding those most at risk.¹⁰⁸

Response agencies should engage local **women** organisers, not just as recipients but as leaders in the response, facilitating their collective agency. Responders should ensure equal voice for women in planning and decision making in the response and long-term impact planning by reaching out to women's organisations, networks and women leaders in the community. Decision-makers and those coordinating response efforts should use existing gender analysis and include gender, GBV and SRH specialists at regional, national and local levels to inform decision-making processes and preparedness and response planning.

All response programs should mainstream gender based violence. This includes ensuring that staff understand the potential for gender based violence to occur throughout this pandemic, what services are available to respond to gender based violence, staff should be trained in how to provide information referral if participants in their programs disclose violence and organisations should develop protocols to support staff to deal with disclosures.

As **people with a disability** and their carers are extremely vulnerable in disaster contexts, representative bodies such as VSPD, VDPA and DPOs, people with a disability and their carers must be engaged and have a voice in decision making and planning for assessment, response and recovery including recognition of the potential for identification documents to have been lost in the cyclone, mapping of needs of people with a disability, engaging with carers and their needs, provision of dignity kits and appropriate rations for people with a disability's different nutritional needs, ensuring people with a disability are provided support in appropriate ways – i.e. not queuing when they are physically incapable.

One way to create an environment to enable the voices and priorities of women, people with disabilities, children and other marginalised groups such as people of diverse SOGIESC, is to ensure that **assessment, response and recovery teams** are diverse. By ensuring diverse assessment, response and recovery teams that are represented by a cross-sector of the community, agencies will have outreach to the more vulnerable and marginalised. Response teams should ensure everyone has equal rights to access humanitarian assistance and that any form of discrimination (i.e. giving preferential treatment to recipients based on family connections or anything else), abuse (i.e. Maltreatment of people) or sexual exploitation (i.e. giving aid in return for sexual favours) will NOT be tolerated.¹⁰⁹

4: ENSURE SHELTER AND EVACUATION FACILITIES ARE SAFE

Ensure women, girls, people with a disability and other marginalised groups are consulted and responsible for decision making on safe and appropriate shelter and evaluation facilities.

Response agencies should be focusing on ensuring shelter and evacuation facilities are safe and accessible and ensure dignity for at risk groups including women and girls, people with a disability and other marginalised groups and have adequate access to water.

⁷ Including sexual and gender minorities

5. ENSURE WASH SERVICES ARE SAFE AND ACCESSIBLE

Ensure that WASH services and facilities are safe, accessible and ensure dignity for women, girls and people with a disability and other marginalised groups.

Response agencies should be focusing on ensuring improvement of safe access to WASH facilities in urban and rural areas particularly for at risk groups including women and girls, people with a disability and other marginalised groups.

6. ENSURE FOOD SECURITY

Ensure women and people with a disability and other marginalised groups are engaged in food security planning and implementation and they have a voice in economic empowerment activities to support resilience.

TC Harold has affected the food security situation of the Northern provinces, combined with the damage to employment in the tourism industry by COVID-19 global pandemic which will have considerable effect on the ability for women to earn an income. Responding agencies need to consider acute food security needs of communities in the response and recovery phases to the cyclone as well as plan for longer term livelihoods support. Economic response and recovery activities need to ensure that strategies have considered gender impacts. For example, any cash based programming should take into account the changing gender dynamics and increased GBV risk so as not to perpetuate these risks. Food insecurity in a household can lead to maltreatment of people with disabilities. Any food security and economic empowerment response should also consider the participation of people with a disability and other marginalised groups.

7. PRIORITISE GBV SERVICES IN AFFECTED AREAS

Ensure services for prevention and response to gender-based violence in communities affected by TC Harold are supported and consider how services can be more inclusive of people with disabilities and other minority groups.

Women, girls, people with disabilities and other marginalised groups may be at higher risk of GBV due to increased tensions in the household due to the cyclone. This would include ensuring that information is circulated to communities within evacuation centres and in areas of displacement on how to access services during the response. Responding agencies and coordination mechanisms should also engage GBV service providers and protection services, such as the police and the Vanuatu Women's Centre, in development of IEC materials and other awareness. Engagement and consultation with representative groups on provision of inclusive GBV services to people with a disability and other marginalised groups should be encouraged.

8: PRIORITISE PROVISION OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND MATERIALS

Ensure women and girls and all vulnerable groups have access to essential SRH services including family planning, menstrual hygiene management and incontinence supplies especially in evacuation centres.

Sexual and reproductive health and rights is a significant public health issue. Provision of family planning and other SRH services and commodities, including menstrual health items, are central to women's health, empowerment, and sustainable development. Obstacles and barriers must be addressed, enabling women's and girls' access to contraceptive materials and services, including psychosocial support services, especially those subject to violence or who may be at risk of violence in quarantine.¹¹⁰ Ensure all groups are able to access family planning, contraceptives and condoms to ensure they can continue to manage their reproductive and sexual health.

9: CLEAR COMMUNICATION

Ensure women, children and people with a disability are engaged in development, design and delivery of information and communication materials on available services and that messages mainstream GBV and child protection

Due to social and cultural norms **women** do not always have access to information about available services. Given their role as food providers and carers (for children, the sick, the elderly and people with disabilities), it is important that women are engaged in and targeted with information and communication materials. As well, women should be engaged in the design and delivery of awareness materials. While these materials must speak to women, they are also an opportunity to promote sharing of work and mutual support in a time of disaster response. Ensure imagery depicts men and women working together to share household and caring work (cooking, cleaning, caring for children, helping with home schooling). It is important also that **children** are involved in the design of messaging so that information targeting children is presented in an understandable and accessible format

People with disabilities can also be left out of community messaging efforts due to inaccessible communication and other barriers.¹¹¹ People with a disability and their carers must be involved in the development and design of communications materials that provide awareness to people with a disability and their carers. Messaging should be in a variety of formats to take into account literacy and visual or hearing disabilities. Written communication materials should be provided in plain language, easy to read fonts, Braille, high contrast, and large print formats. Any mass media campaigns using videos must use captioning and on-screen sign language interpretation.¹¹² Outreach should include working through Women's and Disabled Persons' Organisations, disability, health, and violence referral services due to their community networks and knowledge of vulnerable groups.

Targeting messages to men on sharing household responsibilities including home schooling of children and other domestic labour. Explore using different groups to lead on taking those messages to the communities such as chiefs and church leaders to have a deeper impact with men and women in the communities. Gender based violence messages and child protection messages should be mainstreamed in all messages related to the disaster response and recovery.

10. PREVENTION OF SEXUAL HARRASSMENT, EXPLOITATION AND ABUSE

Ensure that essential protection policies and mechanisms are in place for the protection of community members particularly women and girls with a disability and responders

Response agencies should also ensure child safeguarding and Prevention of Sexual Harassment Exploitation and Abuse (PSHEA) policies are in place and refreshers provided for assessment teams and front line responders. Community feedback mechanisms should be established or strengthened to enable reporting of any issues relating to staff or volunteer conduct.

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