



Rapid Gender Analysis
Cyclone Pam
Vanuatu

7 April 2015

Cyclone Pam

In the aftermath of Cyclone Pam, Vanuatu has declared a State of Emergency across all six provinces. Shelter, food, health and water, sanitation and hygiene (WASH) are key needs. The United Nations estimates that the majority of Vanuatu's population, spread over 22 islands, has been affected by Tropical Cyclone Pam. Understanding the impact of Cyclone Pam on women, men, boys and girls is crucial to deliver an effective response.

CARE's Rapid Gender Analysis of Cyclone Pam in Vanuatu analyses the different needs, capacities, and coping strategies of women, men, boys and girls. CARE's Rapid Gender Analysis is built-up progressively; using a range of primary and secondary information to understand how gender roles and relations may change during a crisis. CARE's Rapid Gender Analysis of Cyclone Pam, including its recommendations, will be revised as more information becomes available.

Gender Relations: Secondary Data Review

Like other Melanesian and Pacific countries, gender disparities in Vanuatu are significant. Vanuatu is a geographically spread out, linguistically and ethnically diverse archipelago with small population centres in isolated areas, which means reaching and providing services to all communities is costly and logistically challenging. 80% of ni-Vanuatu live in rural areas and 70% of the working population aged 15 years and over work in subsistence agriculture. Vanuatu can be characterized as a patriarchal society (although there are some matrilineal societies in some northern and central islands) in which women continue to face, at times severe inequalities, in all spheres of life: social, cultural, economic and political. On the Gender-Related Development Index (GDI) for 2014 Vanuatu ranks 131 out of 187 (down three places from 2013), giving it an equivalent ranking to its HDI (above Kiribati, Solomon Islands and PNG but below the rest of the Pacific nations).

Traditional roles for men and women: Traditionally women are responsible for all domestic and income generation activities including firewood collection, food preparation and cooking, child care, cleaning, gardening (vegetables and root crops and animal husbandry), while men are responsible for community and family decision making, and selling animals for an income.

Household decision-making: In the Vanuatu context, men dominate and are the decision makers in the household. Women's gender roles dictate responsibility for the domestic sphere - food shopping, preparation, cooking, cleaning, laundry, child rearing and gardeningⁱ. One organisation has observed that women's participation in decisions that affect the family and the community is 'extremely low and biased by men's opinion'ⁱⁱ. Once married or partnered, women are often subject to controlling behaviours by their partners - 69% of women in Vanuatu who are in a partner relationship, reported that they have experienced this in regards to decision-making, accessing healthcare and regulating mobility and family visitsⁱⁱⁱ. The practice of arranged marriage is declining but still occurs which may have implications for women's status in the household and ability to make decisions. According to the 2011 VWC

survey, approximately 32% of currently married women did not choose their husband, and more than 11% were forced to marry their husband^{iv}.

Decision-making and participation in the public sphere: Traditional customary or *Kastom* structures are present in all communities and led by male village Chiefs who hold significant decision making authority over their community. They are responsible to ensure all customs are practiced and applied. Generally chiefs don't allow women to take part in decision-making. Chiefs have access to resources - land, animals and funds. Land is one of Vanuatu's most valuable assets but women have little decision making rights over whether land can be used for productive purposes, whether it can be mortgaged to obtain loans, or whether it can be leased. While Vanuatu's land laws do not discriminate against women, 97% of land is under customary tenure and women have limited decision-making rights about land.

Political representation: Vanuatu has one of the world's lowest levels of women's political participation. Since independence in 1980 there have been just five women candidates elected into national parliament, and only one woman elected to a provincial council^v. Currently there are no women in Vanuatu's national parliament. This lack of representation is also apparent at local level where there has only been one female lord mayor (1995-6) in the country and there have been no female Councillors in the six Provincial Councils since 1994. Within the public sector, women are also poorly represented in senior roles. One recent estimate is women comprise only 3% of total senior/executive government positions^{vi}.

Employment: Ni-Vanuatu women have increased their participation in employment and around 36% were employed according to VNSO. However, significant barriers remain for women taking up formal employment ranging from harassment, sexual discrimination around promotion, and speaking in public. About 63% of currently married women and nearly 98% of currently married men aged 15–49 were employed at some time in the year prior to 2013^{vii}. The percentage of currently employed women is lowest in the 15-19 age group and increases with age. Men tend to view money they earn as their own and spend it on kava or alcohol while women are more likely to use money for household purposes such as food and school fees^{viii}. Overall, 26% of women decide for themselves how their earnings are spent, 50% make decisions jointly with their husband or partner, while 21% report that the decision is mainly made by their husband or partner. Only 3% of currently married women who work report that their husband or partner does not bring in any money.

Informal economy: With limited control and access over land and participation in the formal sector, many women in Vanuatu run their own businesses in the informal sector to support themselves and their families. In 1999 nearly 1,500 women held jobs as domestic servants^{ix}. Conditions for domestic staff are difficult to monitor but there are reports of physical, verbal and sexual abuse^x. Women dominate markets^{xi} selling food (cooked and uncooked), jewellery, cigarettes and kava^{xii}. Women also grow crops (cash crops such as kava, copra, coffee and vanilla, and food crops such as root crops, fruits and vegetables), and engage in small scale commercial and subsistence fishing^{xiii}. It was estimated in 2009 that women make up 88% of the handicraft sector, and 96% of open-air vendors catering for tourists^{xiv}. Rural women are particularly disadvantaged in access to both education and employment, and unemployment is high in rural areas and in settlements in Vila^{xv}. Women's income is important to households. The VWC survey found that overall 80% of women surveyed work to earn money and of these who also lived with a man, 53% earned the same or more than their husband/partner^{xvi}.

Education: Education in Vanuatu consists of two sectors, formal and non-formal education. Education is not compulsory nor is it free. Girls and boys both attend primary school in equal numbers but there is a broader issue of retention of both boys and girls at the secondary level

(although at secondary level qualifications the number of females and males were about the same). There is a significant difference at the tertiary level with girls having far less access to further education. The literacy rates in Vanuatu are 94.8 for male youth 15-24 and 94.4 for girls of the same age^{xvii}. Adult literacy rate (females as a % of males 2009-12) is 96.1^{xviii}. Finally, girls and boys in rural areas have far less access to education at all levels than those in urban areas. These issues are exacerbated with an under representation of women in senior positions and the lack of girls completing school and tertiary education. Over the years, the difference in the proportion of girls and boys attending school in Vanuatu has narrowed with a higher proportion of girls going to school and staying longer, but it still remains predominantly male at tertiary level and Rural Training centres which had twice as many male as female students.

Health including Sexual and Reproductive Health: Primary health care is available in Vanuatu although hospital services are limited especially in rural areas. Pre and ante-natal care is available free of charge. HIV prevalence rates in Vanuatu are extremely low with only five confirmed HIV cases and two AIDS related deaths reported to date^{xix}. VNSO suggests that women and men are equally able to access health care. Women in Vanuatu, however, have limited control over their bodies and sexual and reproductive health (SRH). The total fertility rate has been declining but is still high (4.5 in 2004), there is high maternal mortality (92-138 per 100,000), low contraception use by regional standards (around 30%), high rates of anemia, and high rates of premature births^{xx}. These indicators all point to a strong cultural tendency towards having large families and to women's inability to decide on the number of children she will have^{xxi}. Without control over their fertility, women experience added caring responsibilities and 'reproductive' work^{xxii} and are at risk of maternal health complications.

While the rate of teenage pregnancy has declined over the last 10 years^{xxiii}, it is still concerning with 8% of women 15-19 years having had one or more children in 2009. The rate is higher in rural areas and among women with primary education or less^{xxiv}. Sexually transmitted infections affect approx. 46% of young people^{xxv}. Research suggests that condom use in high risk groups such as youth aged 15-24 years and pregnant women is low. The risk of physical and verbal abuse if condom use is suggested has been noted among young women^{xxvi} and also for sex workers in Port Vila^{xxvii}. Men also determine when sexual activity occurs in and outside of marriage and are not culturally restricted from having casual partners, as are women^{xxviii}.

Gender Based Violence: GBV is a serious development issue in Vanuatu. A nationwide population based study by the Vanuatu Women's Centre^{xxix} found prevalence rates among the highest in the world where the WHO methodology has been used - 60% of ni-Vanuatu women experienced physical and/or sexual violence, 68% experienced emotional violence and 69% experienced a form of coercive control from an intimate partner (husband or partner) in their lifetime. Male family members and boyfriends perpetrate most of the violence and it occurs in all provinces and islands, among all age groups, education levels, socio economic groups and religions and is higher in rural (63%) than in urban (50%) areas^{xxx}. The prevalence of sexual abuse against girls under the age of 15 (almost 30%) is also one of the highest in the world with the majority of perpetrators male family members and boyfriends. For more than 1 in 4 women (28%), their first sexual experience was forced^{xxxi}. Further, women with disabilities are at 'considerably higher risk of physical and sexual abuse and neglect'^{xxxii}. The 2009 VWC study points to wide ranging and severe impacts on women, their families and their communities resulting in high social and economic costs^{xxxiii}. After years of advocacy domestic violence is now a criminal act in Vanuatu under the 2008 Family Protection Act. There is now provision for survivors to seek police intervention and protection orders and a Family Protection Unit has been established within the police force. But the low legal literacy and poor access to

advice have limited the number of orders made to date. The Vanuatu Women's Centre is the main support service for women who have suffered domestic violence^{xxxiv}.

Diversity Factors: Gender intersects with a number of different factors resulting in a wide diversity of experiences for women and men in Vanuatu:

- Linguistic/cultural – Vanuatu has over 80 different language groups with different social structures. Thus kastom itself is diverse and issues impacting on women vary.
- Patrilineal vs matrilineal systems – The majority of Vanuatu societies are patrilineal, but there are some matrilineal societies. Some argue that both systems are patriarchal and men dominate leadership positions. However, others point out that there are matrilineal societies where women are included and hold positions of authority in community affairs^{xxxv}.
- Urban vs Rural – Over 75% of the population lives in rural areas but there is increasing urbanisation to Port Vila and Luganville to earn cash, improve living standards and educate children. However, this removes individuals from kinship networks and supports, and from land resources^{xxxvi}. Rural women face particular challenges in terms of access to justice, health care, education, and income generating opportunities, including access to markets and credit.
- Young vs Old – Vanuatu has one of the highest youth growth rates in the Pacific^{xxxvii} with approx. 59% under 24 years of age^{xxxviii} and one in five people between 15-24 years^{xxxix}. The importance of recognising this and working with these future citizens, leaders and decision makers as change agents is widely acknowledged. Widows may become more vulnerable to poverty as they age and cease to earn an income and may depend on the support of others^{xl}. Although not practiced often, some widows are forced into marriage, usually to a close relative of her husband, implying they have low levels of power in society^{xli}.
- Able vs disabled – Around 13% of women and 12% of men reported a disability in the 2009 census, with less than 1% of men and women reporting a severe disability^{xlii}. Women with disabilities are among the most marginalised of all women in Vanuatu^{xliii}. Despite a national disability policy, services are limited^{xliv}. The Vanuatu Society for Disabled People provides some support but most care of persons with disability is left to family members^{xlv}.

Legal Protections: Some of the general laws do provide for the protection of women including the Family Protection Act (see above) Penal Code, the Employment Act, Matrimonial Clauses, Maintenance of Children, Control of Marriage and Divorce Bill, however most women have little knowledge of their legal status. While the formal legal system in Vanuatu offers significant protection to women, it often fails to enforce women's rights. This is particularly an issue in relation to GBV. Across Melanesia, violence against women and girls and perceptions of male masculinity result in high incidences of gender based violence. Many ni-Vanuatu urban youth are trying to cope with having little power and dominance stemming from living with poverty, unemployment, lack of adequate finances, uncertainty about the future and land inheritance disputes, resulting in the use of violence to address feelings of frustration^{xlvi}

Natural Hazards and Climate Change: Vanuatu has the greatest risk and vulnerability to natural hazards in the world. The people of Vanuatu are facing more frequent natural hazards and a complex and changing environment. Vanuatu is located on the 'Ring of Fire' and the 'Cyclone Belt' so also experiences a wide range of hydro-meteorological hazards including cyclones, floods and droughts. More than 80% of its landmass and 76% of its population is vulnerable to two or more hazards including volcanic eruptions, cyclones, earthquakes, droughts, tsunamis, storm surge, flooding and landslides. Natural hazards and climate change impacts have the potential to wipe out hard-won development gains and to set back progress

made at community, province and national levels to improve people's lives. The impacts of climate change on women and girls are even more significant as many women are denied access to new information about climate change and participation in important decision making processes despite having unique skills and vital knowledge to contribute. These factors coupled with the pre-existing inequalities that many rural women and girls in Vanuatu face – such as early marriage, lack of formal education, gender based violence, lack of voice and consultation in community decision making - further increases their vulnerability. However CARE have established gender balanced community disaster and climate change committees in Tafea Province and there have been positive responses to women's engagement.

Religion: The main religion in Vanuatu is Christian; Presbyterian Church (28%), Anglican Church (15%), Seventh Day Adventist (12%), and Catholic (12%). The Catholic Church has well known restrictions on sexual and reproductive health activities. Note that all of CARE ni-Vanuatu staff are Christian and this should be taken into account when liaising with them. This may also potentially affect their ability to work on weekends. Approximately 10% of the population practice Kastom beliefs while 83% practice Christianity. There are also some John Frum communities in Aniwa and Tanna^{xlvi}.

Regional Variations: There is relatively little regional variation in Vanuatu in terms of gender relations so the context outlined above should be considered to be Vanuatu wide. The vast majority of the population of Vanuatu are ni-Vanuatu with only 1.5 per cent coming from other places. The main differences between islands will be the dominant religion.

Cyclone Pam: Impacts on Women, Men, Boys & Girls

A State of Emergency has been declared across all six provinces of Vanuatu. Shelter, food, health and water, sanitation and health (WASH) remain key needs. Half of Vanuatu's population, spread over 22 islands, has been affected by Tropical Cyclone Pam. This section focuses on the southern province of Tafea where possible, where CARE will respond given ongoing work there. The most populated island in Tafea province, Tanna (pop. 28,000), has sustained significant damage to dwellings and infrastructure and have identified urgent needs in WASH, shelter, food and health.

This section pulls together information from a number of sources including the National Disaster Management Office or NDMO and OCHA but will need to be updated as more gender-related information is collected and shared. The NDMO together with representatives from Vanuatu Humanitarian Team (VHT) conducted rapid assessments of Erromango, Tanna and Futuna in Tafea Province on 17-18 March 2015. The aim of the initial rapid assessments were to obtain a baseline overview of the situation to reach a common understanding of scale and severity of Cyclone Pam and target the response accordingly. Some early assessments have not (yet) been analysed by sex/age. The summary of the situation below draws on the NDMO/VCT assessments with additional information from NDMO Sitrep 6 (from 18 March) and OCHA Sitrep 7 (21 March), unless otherwise stated.

Food: Food has been identified as a priority need in all affected provinces with 166,000 people estimated to be in need of food assistance for the next three months. About 21,000 children aged under five, 8,500 pregnant and lactating women are estimated to be in need of nutrition assistance. Rates of malnutrition, which increases the risk of death when children are sick, are likely to increase. Food stocks have been severely depleted with stored food either damaged or

destroyed in the cyclone. There is limited information on the nutrition situation and specific vulnerabilities especially for the outer islands but the rapid assessments indicated that Tanna has sustained 90% damage to banana crops, no stock of fresh fruit and vegetables, most livestock were killed in the cyclone and many fishing boats were damaged or destroyed and the ones remaining are yet to recommence fishing activities due to the seas. It's now yam season and communities are harvesting with concerns that rain may spoil crop in the ground. (Worth noting that during Tropical Cyclone Lusi (Vania) in 2011, "The chiefs from all communities around the island of Tanna have banned the local markets for food security reasons" for fear of depriving 'friends and neighbours' of a rice distribution^{xlvi}. Vendors were issued with rice to compensate for loss of income but lost far more income when their produce rotted and regular customers were forced to buy less-nutritious and costly food from the shops.)

WASH: While awaiting verified information and analysis, the WASH sector estimates 60 per cent of the population of Shefa and Tafea provinces has been affected and have no access to safe drinking water. Based on individual reports, access to water has emerged as a big need. This is confirmed by Shefa provincial government attending the WASH cluster meeting, sharing observations from the assessment reports, which are not analysed. Reports continue to be received from some rural areas about extreme water shortages and contamination of traditional water sources.

Shelter: An estimated 65,000 people are in need of temporary emergency shelter. On 23 March 2015, the Government of Vanuatu announced the imminent closure of evacuation centres. People are currently living in schools used as evacuation shelters as well as with neighbours or extended family members. Initial rapid assessments from CARE's Shelter Advisor in Middlebush (21/3) and Whitesands (22/3) indicates examples where around 20 people are sleeping in a room, rough or in make-shift shacks. The assessment highlights that emergency shelter needs are immediate (tarpaulins if they can be sourced quickly enough), otherwise longer term Shelter Repair Kits. Many of the schools are also damaged. Estimates indicate that around 80 per cent of all evacuation centres could be closed if aid, especially emergency shelter and food, is distributed in communities of origin.

Health: There remains an urgent need for health care services including emergency care, maternal and child health care, nutrition and disease control and outbreak response including surveillance, vaccination, case management and vector control across affected areas. Women and children experiencing post-traumatic stress disorder after the cyclone are in need of psychosocial support. Vanuatu has an extremely limited number of qualified social workers (concentrated at the Vanuatu Women's Centre in Port Vila). Damaged health facilities need to be repaired. Six additional midwives and 16 additional nurses are required at the Vila Central Hospital. It has been noted by the Gender and Protection cluster (co-led by CARE Vanuatu) that the emergency waiting room in Port Villa Central Hospital is entirely populated by men which raises a concern about whether women are experiencing difficulty accessing health facilities^{xli}. There are reports of significant numbers of heavily pregnant women, there is a need to assess whether healthcare is becoming a problem for women. In Tanna, some damage to health facilities were noted so there is a need to increase capability to respond to possible disease outbreaks and enable health services to reach isolated villages. Potential need for midwifery services to reach women delivering at home. (Note that reports from Tropical Cyclone Vania in 2011 confirmed that women are responsible for family health, using a mixture of *kastom* and modern medicines. Combined with reports of the lack of women in health care centres in Port Villa, there could be flow on effects to family members who would usually rely on females within their family or community for the provision of initial health services. Post Vania, there

was a drop in pre-natal and post-natal consultations, an increase in unplanned pregnancies, and an increase in hospital admissions from bush abortions gone wrong.)

Protection: The Vanuatu Women's Centre reports that women experiencing violence are reluctant to report incidents, despite their need to access support services. While several evacuation centres now benefit from having child-friendly spaces, support to communities outside of evacuation centres is needed as well. Outreach to women for provision of psychosocial support and to facilitate access to services following incidents of violence is also needed. The surge of specialist Gender and Protection personnel to support the cluster and its members continues. Members of the Gender and Protection Cluster will be monitoring relief distributions in the Shepherd Islands and Tanna in coming days. Presence at the distributions will provide an opportunity to identify protection issues, which have so far not been routinely captured in assessments.

Data has not yet been collated from Emae and Tanna assessment teams, however observations by Gender and Protection Cluster members on the assessment teams are as follows:

- Emae: Evacuation centres were overcrowded, lacked privacy and lighting, particularly around toilet facilities (all outside). Appropriate attention to the needs of people with a disability or high-level care needs seemed lacking.
- Tanna: An extensive number of schools have been destroyed and those that remain are being used as evacuation centres. Similar problems were observed in ECs as already noted in Emae (although women well represented on committees). Local woman's refuge group sits on the Provincial Disaster Committee and reported that there is no increase in assaults to woman or children. However, note that after Cyclones Vania and Atu in 2011, a Vanuatu counselling centre recorded a 300% increase in gender-based violence referrals¹ and Tanna Island has the highest rates of gender based violence in Vanuatu. Figures below from Tanna Women's Counseling Centre^{li} indicate that after the 2011 cyclones, the centre's caseload reflects more than a tripling in domestic wife beating and non-payment of child support.

# new domestic violence clients (all women victims)	
Period: 2010 (12 months)	12
Period: 2011 (9 months since TC Vania)	39
# cases: men not paying child maintenance	
Period: 2010 (12 months)	14
Period: 2011 (9 months since TC Vania)	39

In Port Vila, services for existing clients of organisations supporting people with a disability are resuming. Vanuatu Society for Disabled Persons is planning visits to evacuation centres and affected communities, to identify numbers and needs of persons with disability. The Women's Crisis Centre and the Police Family Protection Unit are being approached to participate in the Gender and Protection Unit. This should help build a better picture of sexual and gender-based violence, already identified as a significant problem in Vanuatu, as well as identifying referral pathways. Information about the situation of vulnerable groups continues to be a gap, as only rapid assessments with limited protection and gender content have been possible to date. Access to locations beyond Efate continues to be extremely limited. In Tanna, CARE Vanuatu has worked closely with the PDC to refine their information collection systems to ensure data collected and collated is gender and age disaggregated with PLWD identified and highlighted.

Initial Recommendations

CARE International in Vanuatu (CARE Vanuatu) has been operational since 2008 with a focus on WASH, disaster risk reduction, climate change adaptation and more recently women and girls empowerment. CARE is an active member of the Vanuatu Humanitarian Team (VHT), co-lead of the Gender & Protection Cluster and a member of the WASH, Food Security, Agriculture and Education Clusters and has an MOU with the Department of Women's Affairs. CARE plans to respond to the needs of the affected communities in Tafea province (population 32,000) and has been designated the lead international NGO for that province. CARE will focus on WASH, shelter, food and protection targeting women, girls and people living with a disability (PLWD).

As not all data outlined in Section 2 is available broken down by sex and age, preliminary assumptions about the differential impact on women, men, boys and girls must be made, based on gender norms and roles pre-cyclone. These assumptions can help inform CARE's response but are initial recommendations only and will need to be revised as more gendered-data is collected and available.

Gender Based Violence: Given that GBV often rises after natural disasters, combined with the already high rates of gender-based and family violence in Vanuatu, GBV will be an issue in Vanuatu post cyclone. With evacuation centres now closing, the continuing crowded living conditions with relatives or neighbours, the psychological trauma associated with the disaster and limited policing are likely to be contributing factors in rising rates of violence. Reports from Cyclone Vania in 2011 state that economic hardship was a trigger for violence.

- Ensure that CARE continues to participate in the Gender and Protection Cluster to raise relevant gender issues in this and other Clusters.
- CARE should establish and strengthen referral networks for gender based violence and sexual and reproductive health issues across its response programming, regardless of sectoral focus. CARE's Tanna Mapping of Services (Nov 14) should assist.
- CARE should continue with plans to provide refresher training for CAVAWs (Committees Against Violence Against Women) and provide Gender & Protection training for CDCCCs, Community Leaders, Provincial staff especially in Tafea province where the majority of CARE will be programming their emergency response.

Targeting and Participation: Ensure that the most vulnerable groups affected by Cyclone Pam including women-headed households, older people, and people living with a disability, are specifically prioritised for aid distributions and that these meet differential needs wherever possible.

- In coordination mechanisms at national level, work closely with NDMO and other authorities to ensure that NDMO issued beneficiary distribution forms/VHT situation analysis forms collect and analyse needs by sex, age and vulnerability factors to ensure that response is targeted to the most needy. (Currently NDMO issued beneficiary distribution forms will need to be supplemented to collect age data as well as sex data for CARE distributions). Work with Tafea Provincial Disaster Committees especially in Tanna & Erromango to include sex/age in assessments where CARE will focus its work.
- In collaboration with national authorities such as the NDMO, provincial committees such as the Provincial Disaster Committee, CARE should continue to work with partners to ensure that women are consistently able to bring their voice and actively participate in community

forums and assessments. Consider options for addressing gender transformation in response, not only gender mainstreaming.

- Establish a feedback and complaints mechanism so that project participants can safely report any incidents of PSEA (prevention of sexual exploitation and abuse) and child protection.

WASH: Any WASH programming should be made safe and acceptable for women, men, boys and girls. The report on Highlights of Gender Lessons Learned TCs Vania and Atu in 2010 noted that: “Gender analysis is warranted into the user-friendliness of collapsible jerry cans and of purification tablets. Ad-hoc consultations with women users showed some types of jerry can were considered easier to use and easier to clean than others...and... that women, who manage household water, often refused to use the purification tablets. Two recurrent realities were cited: 1) that more men were present often when the importance and use of puri-tabs was explained so fewer women gained this knowledge and 2) some women regard the puri-tab as medicine and feared giving medicine to their healthy family members would make them sick. There is a strong tradition of boiling water in this province and evidence of wrong use of puri-tabs: raising the question of whether water purification supplies should be reserved for informed users in clinics, schools etc. A gender analysis will facilitate the Cluster selecting the best NFIs, identifying the right messages for inclusive awareness, standardizing pre-positioned stocks and providing specifications to donors.”

- Undertake gender-responsive WASH assessments in CARE programming areas that identify the needs of women, girls, men and boys, considering location of amenities, local practice and responsibilities, privacy needs, security concerns, etc, and identify opportunities to raise women’s status in relation to WASH.
- Depending on the types of latrines being rehabilitated or constructed, ensure proper lighting and solid doors and locks are fitted, locations are safe and agreed by women and girls, and signage is locally acceptable. If applicable, distribute buckets so that those who don’t want or are unable to use latrines at night have another option.
- Ensure any hygiene promotion is suitable to the population e.g. regarding gender, literacy and also rural/urban differences in practices. Hygiene promoters should be 50%+ female given women and girls responsibility for key water and hygiene practices. Ensure that women are involved in WASH distribution teams (building on lessons learned from TC Vania).

Shelter/Non Food Items (NFIs): Gender considerations on NFIs (gender sensitive hygiene kits) are already planned.

- Identify girls’ and women’s preferences for menstruation material and ensure included in female hygiene kits. Plan for repeated distributions to the same household. Undertake post-distribution monitoring of hygiene kits with women.
- Temporary shelter kit distributions (tarps, poles) should identify what support is needed for those who might have difficulties building their temporary structure (such as older or infirm people, women-headed households, people living with a disability). Post-distribution monitoring should be done to ensure immediate needs are being met especially for the most vulnerable.

- Shelter repair kit distributions (material to build more permanent structures) should address needs of men, women, boys and girls. Balance of male and female carpenters, builders and community members should be selected to take an active role in construction activities and receive in-depth training. Communities should select one or two of the most vulnerable people and the construction of shelter for them will be incorporated in training as model shelters.

Food: CARE is considering provision of emergency food, seeds and tools with the potential of supporting women in particular to produce enough food for household consumption and sale.

- Ensure equal involvement of women and men in logistics and distribution committees to ensure inclusive distribution and increase the status of women.
- Undertake rapid assessment with men and women farmers to ensure representative input into the design of the food activities to best meet needs, capacities and knowledge, particularly of vulnerable groups. Undertake post-distribution monitoring to assess appropriateness.

ⁱ Morgan, W. (May 2013) Governance, Leadership And Accountability In Vanuatu. A Review Of The Literature, Oxfam, p.30-31.

ⁱⁱ The NAB is an inter-departmental body in charge of implementing the policies and programmes related to coping with climate change, adaptation and risk reduction management. Pinolpuig, G (September 2013 DRAFT) Gender Mapping: Actors And Initiatives Promoting Gender Equality In Vanuatu, World Bank.

ⁱⁱⁱ Donahue, J. Eccles, K. and Miller Dawkins, M. Responding To Shocks: Women's Experiences Of Economic Shocks In The Solomon Islands And Vanuatu (Chapter Three), Oxfam, 2012, p.26

^{iv} Vanuatu National Survey on Women's Health and Domestic Violence by the Vanuatu Women's Centre in partnership with the National Statistics Office, May 2011, p.18

^v Morgan, W. (May 2013) Governance, Leadership And Accountability In Vanuatu. A Review Of The Literature, Oxfam, p.27; AusAID, (2012) Delivery Strategy Pacific Women Shaping Pacific Development (PWSPD): 2012 – 2022 Pacific Gender Equality Initiative, p.17

- vi Morgan, W. (2013) Governance, Leadership And Accountability In Vanuatu. A Review Of The Literature, Oxfam, p.27
- vii Vanuatu Demographic and Health Survey – MICS 2013 (VDHS – MICS 2013); <http://www.vnsd.gov.vu/index.php/special-report/demographic-and-health-survey-mics-2013-final-report>
- viii Office Of The Prime Minister And Department Of Women's Affairs Port Vila, Vanuatu (September 2004), Combined Initial, Second and Third Reports on the Convention on the Elimination of All Forms of Discrimination against Women, p.56;
- ix Bowman, C. Cutura, J. Ellis, A. and Manuel, C. (2009) Women In Vanuatu: Analyzing Challenges To Economic Participation, The World Bank: Washington DC, p.70
- x Kraemer (2003) in Thomas, A.K.L. and Humphries. M. (October 2012) Empowering Ni-Vanuatu women to secure formal authority in Vanuatu's future direction, Paper presented at 'Addressing Inequalities' The Heart of the Post-2015 Development Agenda and the Future We Want for All, Global Thematic Consultation, p.5-6
- xi AusAID, (2012) Delivery Strategy Pacific Women Shaping Pacific Development (PWSPD): 2012 – 2022 Pacific Gender Equality Initiative p.20-21
- xii Donahue, J. Eccles, K. and Miller Dawkins, M. Responding To Shocks: Women's Experiences Of Economic Shocks In The Solomon Islands And Vanuatu (Chapter Three), Oxfam, 2012, p.14
- xiii AusAID, (2012) op.cit.
- xiv ibid.
- xv Vanuatu Women's Center (April 2007) Final Program Design Document July 2007 – June 2012, Program Against Violence Against Women, p.17, 18
- xvi Vanuatu National Survey on Women's Health and Domestic Violence by the Vanuatu Women's Centre in partnership with the National Statistics Office, May 2011, p.18
- xvii http://www.unicef.org/infobycountry/vanuatu_statistics.html
- xviii Ibid
- xix Prime Minister's Office, Government Of Vanuatu, (September 2010) Millennium Development Goals 2010 Report For Vanuatu, p.54
- xx Department of Women's Affairs Women's Health Policy Guidelines and Activities 2006-2009.
- xxi Office Of The Prime Minister And Department Of Women's Affairs Port Vila, Vanuatu (September 2004), Combined Initial, Second and Third Reports on the Convention on the Elimination of All Forms of Discrimination against Women, p.106
- xxii AusAID, (2012) Delivery Strategy Pacific Women Shaping Pacific Development (PWSPD): 2012 – 2022 Pacific Gender Equality Initiative, p.16
- xxiii Vanuatu National Statistics Office (2009) National Population and Housing Census, Gender Monograph: Women and Men in Vanuatu, p. 20
- xxiv AusAID, (2012) Delivery Strategy Pacific Women Shaping Pacific Development (PWSPD): 2012 – 2022 Pacific Gender Equality Initiative p.10
- xxv AusAID, (2012) Delivery Strategy Pacific Women Shaping Pacific Development (PWSPD): 2012 – 2022 Pacific Gender Equality Initiative p.10
- xxvi Office Of The Prime Minister And Department Of Women's Affairs Port Vila, Vanuatu (September 2004), Combined Initial, Second and Third Reports on the Convention on the Elimination of All Forms of Discrimination against Women, p.116
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- xxviii ibid, p.108
- xxix Vanuatu National Survey on Women's Health and Domestic Violence by the Vanuatu Women's Centre in partnership with the National Statistics Office, May 2011. This comprehensive study used the same methodology that was developed for the WHO Multi-country Study on Women's Health and Domestic Violence lending credibility to the research as it used a validated and well tested methodology also applied in other Pacific contexts - Samoa, Kiribati, Solomon Islands, and Tonga (Jansen, Henrica A. F. M. Swimming against the tide : lessons learned from field research on violence against women in the Solomon Islands and Kiribati, Suva, Fiji : UNFPA Pacific Sub-Regional Office, 2010, p.10).
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- xxxiv In 20 years, the Vanuatu Women's Centre (VWC) has grown from a small Port Vila-based organisation to a highly valued and respected national organisation, with support through a long-term partnership with Australia. In addition to its Port Vila premises, the Women's Centre has three provincial branches and 37 island-based committees. While counselling and support to women and children at risk of domestic violence are central to its services, the centre now has a much broader mandate that covers human rights, legal and policy advocacy, community education and research. <http://www.dfat.gov.au/geo/vanuatu/development-assistance/Pages/law-justice-assistance-vanuatu.aspx>
- xxxv Thomas, A. (2013) Empowering Ni-Vanuatu Women: Amplifying Wantok Authority and Achieving Fair Market Access, PhD Thesis, University Of Waikato, NZ, p.29
- xxxvi Ibid, p. 65
- xxxvii O'Loughlin, B. and Malverus, J. (July 2011), Wan Smol Bag Sexual And Reproductive Health Project, Evaluation Oxfam, May – June 2011, p.8
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- xl Vanuatu National Statistics Office (2009) National Population and Housing Census, Gender Monograph: Women and Men in Vanuatu, p. 12
- xli Office Of The Prime Minister And Department Of Women's Affairs Port Vila, Vanuatu (September 2004), Combined Initial, Second and Third Reports on the Convention on the Elimination of All Forms of Discrimination against Women, p.138
- xlii A severe disability is classified as 'can not do at all in any one or more of the following domains: seeing, hearing walking of climbing stairs, remembering or concentrating', Vanuatu National Statistics Office (2009) National Population and Housing Census, Gender Monograph: Women and Men in Vanuatu, p. 26.
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- xliv Office Of The Prime Minister And Department Of Women's Affairs Port Vila, Vanuatu (September 2004), Combined Initial, Second and Third Reports on the Convention on the Elimination of All Forms of discrimination against Women, p.33
- xlvi <http://www.ncbi.nlm.nih.gov/pubmed/19588605>
- xlvi http://en.wikipedia.org/wiki/John_Frum
- xlvi DRAFT Highlights of Gender Lessons Learned – TCs Vania and Atu, September 6-20, 2010 (IASC GenCap Adviser Linda Pennells in collaboration with Shirley Johnson, Field Officer-VRCS Tanna)
- xlvi CARE International in Vanuatu Sitrep 6 (20.3.15)
- li UN Women Australia <https://support.unwomen.org.au/pages/vanuatu-cyclone-pam-emergency-relief>
- li DRAFT Highlights of Gender Lessons Learned – TCs Vania and Atu, September 6-20, 2010 (IASC GenCap Adviser Linda Pennells in collaboration with Shirley Johnson, Field Officer-VRCS Tanna)