



Rapid Gender Analysis COVID-19

Vanuatu

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Cover page photo: Children washing hands Vanuatu, 2017 © Mark Chew

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ACRONYMS

CoM	Council of Ministers
COVID-19	Novel coronavirus 2019
DPO	Disabled People's Organisations
FPA	Family Protection Act
FDPF	Fiji Disabled People's Federation
GBV	Gender Based Violence
MoH	Ministry of Health
MoIA	Ministry of Internal Affairs
MJCS	Ministry of Justice and Community Services
MHM	Menstrual Hygiene Management
NCDs	Non Communicable Diseases
PDF	Pacific Disability Forum
PICTs	Pacific Island Countries and Territories
PNG	Papua New Guinea
PSEA	Prevention of Sexual Exploitation and Abuse
PSHEA	Prevention of Sexual Harassment Exploitation and Abuse
RGA	Rapid Gender Analysis
SOE	State of Emergency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNDP	United Nations Development Program
UNFPA	United Nations Populations Fund
UN Women	United Nations Women
VDPA	Vanuatu Disability Promotion and Advocacy Association
VSPD	Vanuatu Society for People with a Disability
VWC	Vanuatu Women's Centre
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

EXECUTIVE SUMMARY

Novel coronavirus 2019 (COVID-19) is having devastating impacts globally. As of 10 April, 1,521,252 confirmed cases and 92,798 deaths have been recorded across 212 countries and territories. To date Vanuatu has no confirmed or suspected cases of COVID-19 as of 10 April 2020¹.

For Vanuatu, COVID-19 presents a range of contextual challenges. These include multiple islands, vast distances, limited resources and limited access to quality health services due to a lack of infrastructure, equipment, and qualified personnel.² Non-communicable diseases (NCDs) including cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases, are estimated to account for 48.4% of all deaths in Vanuatu.³ Food security and livelihoods are particularly vulnerable to shocks due to semi-subsistence lifestyles and a high reliance on the informal sector for income.

A COVID-19 outbreak in Vanuatu could disproportionately affect women and girls adversely impacting their education, food security and nutrition, health, livelihoods, and protection. As primary care givers in the family, they are also the key frontline responders in the health care system placing them at increased risk of infection. Maternal and sexual reproductive health (SRH) needs continue in an emergency, but can be overlooked or deprioritised. COVID-19 risks are also increasing women's workload as schools close. As with all crises, there is potential for increase in family violence where pre-existing rates of violence against women are already very high. Men's gender roles and norms need to be taken into account in order to ensure that men are properly targeted to help reduce their vulnerability to illness and to leverage their roles to help prevent the spread of the disease.

Key Findings

- Women's economic status will be affected as tourism is impacted and quarantine measures affect the informal sector
- Gender based violence may increase with the implementation of isolation and quarantine measures and longer term impacts of reduced household income
- Women will have an increased workload as primary care givers with high domestic responsibilities
- Women's engagement in decision making and leadership is low
- Women are well placed to deliver community risk communications due to their roles, responsibilities and networks
- Women as frontline responders in the health system are at increased risk of exposure to infection.

KEY RECOMMENDATIONS

1. Research and data collection: Continually update the Rapid Gender Analysis as the crisis continues. Ensure availability of sex, age and disability disaggregated data

2. Clear targeted messaging: Commence COVID-19 awareness immediately, ensure women, children and people with a disability are engaged in development, design and delivery of awareness materials and messages mainstream GBV, child protection and disability inclusion

3. Inclusion in planning, decision making and implementation: Ensure meaningful engagement of women, children and people with a disability in COVID-19 decision making on preparedness, response and implementation at all levels

4. Prioritise GBV as an essential service: Prioritise services for prevention and response to gender-based violence in communities affected by the health, social and economic impacts of COVID-19⁴ and consider ways people can access services in isolation and how services can be more inclusive of people with disabilities and other marginalised groups

5. Protect sexual and reproductive health services: Protect essential health services for women and girls, including SRH services⁵ during the preparedness and response to COVID-19

6. Food security and women's economic empowerment: Develop mitigation strategies specifically targeting food security and the economic impact of the outbreak on women and build women's resilience⁶

7. WASH services provision: Ensure that WASH services and facilities are safe and accessible for women, girls and people with a disability

8. Prevention of sexual harassment, exploitation and abuse: Ensure that essential protection policies and mechanisms are in place for the protection of community members and responders.

INTRODUCTION

BACKGROUND INFORMATION – COVID-19 AND VANUATU

First detected in China's Hubei Province in late December 2019, novel coronavirus 2019 (COVID-19) has since spread to 195 countries or regions and was declared a global pandemic on 11th March 2020. COVID-19 is having devastating impacts globally. As of 10 April, there were 1,521,252 confirmed cases and 92,798 deaths recorded across 212 countries and territories.⁷ To date, the Pacific has confirmed cases in Guam, French Polynesia, New Caledonia, Fiji, PNG and Northern Mariana Islands. Vanuatu has no confirmed or suspected cases of COVID-19 as of 10 April 2020.⁸

Numbers in affected countries are expected to continue rising exponentially in the coming days, weeks, and months. Initial research indicates that older persons and people with compromised immune systems are most likely to suffer serious complications from COVID-19 and that men are more likely to experience higher mortality rates than women, but this analysis may change as additional COVID-19 data becomes available.⁹ Regardless, all vulnerable populations will experience COVID-19 outbreaks differently and impacts will include issues in access to water, sanitation and hygiene (WASH), disrupted livelihoods and an increase in family violence, family separation, community connection as well as health impacts – all of which, whilst affecting all, will significantly affect women.

Vanuatu has put in place strong preventative measures to limit potential transmission of COVID-19.¹ These including closing of borders with international and domestic travel bans. On 26 March 2020, the President of Vanuatu signed a declaration for a State of Emergency (SOE) over the whole of Vanuatu for a 2-week period, for the purpose of strengthening COVID-19 prevention and containment measures.¹⁰ The Ministry of Health has produced awareness materials on hand washing, sanitation and physical distancing. Community awareness activities have reached 11,755 people in 5 wards in Port Vila as of the 8 April.¹¹ Provinces in collaboration with Government departments (Department of Water Resources, Ministry of Education and Training and Ministry of Justice and Community Services) have set up awareness teams to conduct activities in provinces and directed shops to provide handwashing stalls for all patrons. From 23 March 2020, the Ministry of Education closed schools in Port Vila, Luganville, Shefa, Sanma and Tafea provinces for teachers to prepare learning materials for students to undertake home schooling to prevent the risk of spread of the virus through schools, which could also then impact adults and elderly people in homes and the community. Schools will recommence on 14 April 2020.¹²

"Considering the challenges faced by the Pacific such as vast distances, dispersed and isolated islands and populations, and limited resources, even a small number of cases could quickly cause significant strain on health systems."

Dr. Corinne Capuano,
Director of Pacific Technical
Support, World Health
Organisation (WHO)

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For Vanuatu, COVID-19 presents a range of contextual challenges. These include multiple islands, vast distances, limited resources and limited access to quality health services due to a lack of infrastructure, equipment, and qualified personnel.¹⁴ Services are easily stretched or overwhelmed, and provision of specialised services and intensive care is limited. Population dynamics may pose a challenge for disease control in crowded settlement areas in urban areas up to 8 people can live in one room.^{2, 15}

¹ The Vanuatu Preparedness and Response Plan (12 March 2020) aims to prevent importation of cases from affected countries; slow and stop transmission; prevent outbreaks and delay the spread; provide optimized care for all patients, especially the seriously ill; and minimize the impact of the epidemic on health systems, social services and economic activity.

² Research indicates that in rural areas more than 12,000 households have between 6-9 people sharing a house and up to 2000 households with more than 10 people. Reference 2016 Mini Census.

These will all pose a problem of access to care when COVID-19 arrives in Vanuatu, and coupled with gender inequality, in particular in the critical domains of leadership and decision making, access to and control of resources (land, household, services and financial) and gender based violence¹⁶, the public health response to COVID-19 can become immeasurably more complex.¹⁷ Public health messaging for COVID-19 has focussed on good hygiene practices such as washing hands. However, in Vanuatu there is significant variation in WASH access with much lower access in rural areas. The availability of soap and water is challenging, especially in more remote communities. Additionally, women consistently raise significant difficulties with access to sanitation and their experience of violence whilst accessing water and sanitation facilities.¹⁸

Category 5 Tropical Cyclone Harold which hit the northern provinces of Vanuatu on Monday 6 April 2020 has caused significant damage to housing and infrastructure and has affected more than 158,000 people, approximately 58% of Vanuatu's population. This will affect the capacity of people to maintain sanitation and hygiene practice as well as physical distancing.

COVID-19 is not the world's first public health emergency, nor the first to which development and humanitarian agencies have been called on to respond. Despite this, there is a marked lack of research on the implications of public health emergencies on different groups, especially women and girls.¹⁹

THE RAPID GENDER ANALYSIS OBJECTIVES AND METHODOLOGY

This preliminary Rapid Gender Analysis has the following objectives

- To analyse and understand the different impacts that the COVID-19 potentially has on women, men, girls and boys and other at risk groups in Vanuatu
- To inform humanitarian (preparedness, response and recovery) programming in Vanuatu based on the different needs of women, men, boys and girls with a particular focus on Gender Based Violence (GBV), Health, Water, Sanitation and Hygiene (WASH) and Women's Economic Empowerment.

A Rapid Gender Analysis (RGA) provides information about the current and potential different impacts, needs, capacities and coping strategies of women, men, boys and girls and other vulnerable groups in Vanuatu in light of the COVID-19 pandemic. Research methods for this preliminary RGA focus on secondary data review of existing gender information and the most recent COVID-19 data for Vanuatu and feedback and input from key stakeholders in Vanuatu.

DEMOGRAPHIC PROFILE – VANUATU

SEX AND AGE DISAGGREGATED DATA

Vanuatu's population in 2016 was 272,459 people (49% female/51% male). 75% (204,710 people) live in rural areas (49% female/51% male).³²⁰ 13% of people in Vanuatu have some form of disability²¹ (13% female/12% male) with 7-8% of primary school children reporting they have a disability.²² People with disabilities in Vanuatu are much more likely to be poor with nearly 31% of people with

Population figures	Vanuatu
Female	134,194 (49%)
Male	138,265 (51%)
Total	272,459

³ VSNO Mini-census data 2016

severe disabilities living in poverty compared with 16% of people without disabilities²³. Vanuatu has ratified the Convention on the Rights of Persons with Disabilities (CRPD).²⁴

Life expectancy in Vanuatu is 73 years for women and 70 years for men²⁵. 6% of the population is over the age of 60 and 57% of the population under the age of 25 years.^{26 27} In rural areas there are 13,702 people who are over the age of 60 and in urban areas 2,832 people over the age of 60.²⁸ 21% of households are headed by a woman.²⁹ 69% of households house between 4-6 persons each with 31% housing 3 or less people per household.³⁰ Adolescent fertility rates are very high with 82 births per 1000 from women aged between 15-19 years old.³¹

Internal migration between islands in Vanuatu is common with migrants often living in informal settlement areas. Internal migration is often prompted by natural disasters, economic or educational priorities. Internal migrants and especially women can be vulnerable due to lack of land security, overcrowding, poverty, limited income and lack of access to sanitation and hygiene. All factors have implications for managing COVID-19 prevention.

Non-communicable diseases (NCDs) including cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases, represent the single largest cause of premature mortality in the Pacific and are estimated to account for 48.4% of all deaths in Vanuatu killing more men (25.9%) than women (22.5%).³² These statistics are significant given that those at higher risk for severe illness from COVID-19 are those with these NCDs related underlying health conditions.³³ In Vanuatu, 34.5% of men smoke compared to only 2.8% of women.³⁴

The prevalence of partner violence is high in Vanuatu with lifetime prevalence rates for physical and sexual violence by partner among Vanuatu women at 60%, emotional violence at 68% and those experiencing at least one form of coercive control at 69%.³⁵

FINDINGS AND ANALYSIS

The findings and analysis from the review indicate the following:

A COVID-19 outbreak in Vanuatu could disproportionately affect women and girls in a number of ways including adverse impacts to their education, food security and nutrition, health, livelihoods, and protection. In Vanuatu, women are the primary care givers in the family and are also the key frontline responders in the health care system placing them at increased risk and exposure to infection. Women's maternal and sexual reproductive health (SRH) needs continue in an emergency, but these can be overlooked or deprioritised. COVID-19 risks increasing this already over-burdened workload for women with caring for children who are unable to attend school as schools close as well as caring for the sick (both at home and as workers within the health system). Additionally, as with all crises, there is the potential for an increase in family violence in a country where pre-existing rates of violence against women are already very high.

There are specific considerations about men's gender roles and norms which need to be taken into account in relation to the COVID-19 response in order to ensure that men are properly targeted to help reduce their vulnerability to illness and to leverage their roles as leaders and decision makers in the home and in the community to help prevent the spread of the disease.

The recent Council of Minister's (CoM) decision of 10 April 2020 has also mandated that implementing the Family Protection Act (FPA) and preventing and responding to domestic violence are priorities and that the Ministry of Internal Affairs (MoIA), Ministry of Justice and Community Services (MJCS) and Judiciary should enforce this as part of essential services programming. Addressing this within the

context of COVID-19 within development and humanitarian settings will help to ensure this CoM decision is implemented.

Vanuatu's physical geography, made up of 82 islands across 1000 kilometres with many remote communities, poses considerable logistical challenges and expense getting services and critical information to the population. Whilst 75% of the population live a subsistence life in rural and remote areas of Vanuatu, there has been an increased reliance on informal sector for incomes and on the season workers programs for remittances which may have made rural households more vulnerable to the economic shocks caused by an emergency. In Vanuatu, with predominately patrilineal land ownership, women's access to or ownership of land may make them more vulnerable as they are reliant on others for food security income generation. Vanuatu's vulnerability to natural disasters also pose a considerable risk to the population's capacity to engage COVID-19 prevention measures.

All of these factors pose significant challenges for COVID-19 preparedness and response and are outlined in further detail below.

GENDER ROLES AND RESPONSIBILITIES

Division of labour (reproductive and productive)

In Vanuatu, women are the primary care givers in the family. They make up 49.5% of producers in the informal and traditional economy, 37.5% of the paid workforce and are responsible for the bulk (63.6%) of unpaid reproductive labour.³⁶

This unequal division of labour in the household will be exacerbated as COVID-19 stretches healthcare systems, resulting in care responsibilities falling onto women and girls, who usually bear responsibility for caring for children, ill family members and the elderly.³⁷ This will be of particular significance in Vanuatu where healthcare systems are limited due to the unique logistical and financial challenges in designing and delivering health care across small island populations.³⁸ In addition to household and caring duties, the closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children.³⁹ 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 playing an indispensable role in the fight against the outbreak - as health care workers, as scientists and researchers, as social mobilisers, as community peace builders and connectors, and as caregivers. It is essential to ensure that women's voices are heard and recognised."

Mohammad Naciri,
Regional Director,
UN Women Asia and the Pacific

Women's significant roles within the health sector with 60% of health professionals being women, will increase their burden of labour in this crisis. Already nurses are having difficulty finding time to access services such as the Vanuatu National Provident Fund offer for members to apply for some of their savings. It is also possible to foresee that nurses and other health professionals will be required to work overtime. This will increase women's burden without sufficient remuneration.

Economic empowerment

Economically and socially, Vanuatu is vulnerable as the travel and tourism industry contributes around 48% of GDP.⁴⁰ COVID-19 has effectively shut down tourism including international and domestic travel⁴¹ with the closure of borders, cruise ships turned away, and all flights stopped. Vanuatu is anticipating thousands of job losses in the tourism sector.⁴² Women are already at a disadvantage economically, as they have less time to engage in paid labour as a result of their domestic duties⁴³ and the closure of schools due to COVID-19 will further limit the time they have to spend on economic activities.⁴⁴ Additionally, women's economic empowerment is curtailed by social norms which limit women's control over economic resources and decision making over financial resources in the household.⁴⁵ Therefore COVID-19 poses a serious threat to women's engagement in economic activities, especially in informal sectors, and can increase gender gaps in livelihoods.⁴⁶

These factors are important considerations to take into account when designing response interventions. A recent Cash Feasibility Study Gender Analysis from the Solomon Islands⁴⁷ noted that marital conflict and violence against women may be exacerbated when Cash and Voucher Assistance (CVA) is introduced into the household if the gender dynamics of household decision-making are not taken into account.

Men are more likely to be employed as wage earners in the formal employment sector in the family, which means they may either continue to work and be at greater risk of exposure to the disease, or find themselves suddenly unemployed due to the economic impacts. This, combined with restrictions on social participation, may have specific impacts on men's mental health, which could increase men's violence against women and children in the family. Avenues for psychosocial support for people who lose their work should be considered.

On 1 April, the government announced an economic stimulus package that aims to "...keep people safe, keep them employed and keep businesses open." 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).⁴⁸ There are no measures detailed on very small traders such as roadside and mamas' 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, engage with them 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 from household through to national levels. At the household and community level, women typically have limited influence in decision making about expenditure and resource use. 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.^{49 50} On community decision-making bodies and consultations on disaster risk management and climate

change adaptation, women are often found in small numbers making them less likely to receive critical information for preparedness and to be able influence decisions. Several projects have been working to strengthen women's leadership in climate change and disaster response.⁴ The Women I Toktok tugetha (WITTT) program under Action Aid Australia works with rural women in some selected communities on the islands of Tanna and Erromango in TAFEA province and on Eton village in SHEFA province to build rural women's leadership in humanitarian response, resilience building and climate change adaptation. 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 disasters⁵¹ including COVID-19. It is important to note that in previous disasters and development settings, women are often key frontline responders who mobilise their families and communities to build back better and including them in decision making will assist in faster and stronger economic, social and health recovery.

In Vanuatu, the key community decision makers are Chiefs who are predominantly men. As the community will abide by the decisions and rulings of the Chiefs⁵², they can be a powerful force in preventing the spread of the virus and must be engaged as leaders in COVID-19 awareness and prevention, including ensuring physical distancing in their communities. Church leaders also predominantly men are also influential in communities. Both groups could be engaged to spread messages urging gender balance in responsibility for domestic work such as home schooling and food sourcing and preparation to decrease the burden on women.

Participation in public decision making and decision making about humanitarian services

Despite women constituting a majority of frontline healthcare workers, which places them in prime positions to identify COVID-19 trends at the local level, they continue to form only small minorities in national and global health leadership.⁵³ In Vanuatu, women are largely marginalised from leadership and decision making processes governing their lives.⁵⁴ This means fewer opportunities for women to contribute to governance processes and their specific needs are often not considered. For other marginalised women including those with disabilities, there are even less opportunities for inclusion and participation than the rest of the population.⁵⁵

At the level of formal and national governments, women are significantly under-represented in Vanuatu with no women in the National Parliament.⁵⁶ In the public sector, there are increasing numbers of women in senior positions. 23% of Directors General of Ministries are women and at the Director level, 12.5% are women.⁵⁷ It would be important that government decisions about COVID-19 preparedness and response plans and resource allocations include women; the National Corona Advisory Team and the National Disaster Committee have some female representation (Chair and Deputy Chair) but the Ministry of Justice and Community Services is not a member of either committee. 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 AND SERVICES

Food and essential items

The potential for self-isolation or quarantine in developed countries such as Australia and the US has seen panic buying of food and essential items in supermarkets. Items such as meat, rice, pasta, canned

⁴ These CARE Vanuatu through the Yumi Redi Consortium and the AHP Disaster Ready Project. Ref and https://www.care.org.au/wp-content/uploads/2014/10/Vanuatu-DRR-Impact-Study-Summary_12-Oct-2016.pdf

and frozen foods, medicines, menstrual hygiene products, soap, hand sanitiser and toilet paper have been stripped from the shelves. Vanuatu has yet to see similar panic buying, however when the virus arrives and isolation restrictions become more severe, stock-piling is not only beyond the reach of the poorest, it also has the potential to make them more vulnerable as poverty makes it harder to search for supplies when they run out locally, or to pay more if there is a price surge. Because of their economic vulnerability, women have reduced capacity to build up supplies against future shortages or quarantine.⁵⁸

75% of Vanuatu's population live in rural areas and depend largely on subsistence agriculture and fishing for daily sustenance and livelihood.⁵⁹ 88% of households engage in some form of vegetable crop production, 57% in cash crop production, 69% engaged in livestock production and 49% engaged in fishing.⁶⁰ With such a large proportion of the population able to grow or access a significant percentage of their food requirements from the land or sea, scarcity of foods may not usually be an issue in rural areas however the nutritional value may affect children and pregnant women. With current isolation restrictions in place in Vanuatu many people are reported to be working more in their gardens in the urban/peri urban areas. The severe impact of TC Harold on food stocks are yet to be fully assessed however it is highly likely that there will be considerable food shortages for the 58% of the population affected by the cyclone in the northern and central provinces of Vanuatu in early April. Food security will need to be continually assessed in response to both TC Harold and the COVID-19 prevention measurements.

Urban dwellers however, have limited capacity to access and grow fresh and nutritious foods. 18% of Port Vila population live under the basic needs poverty line, have limited land for gardening and insecurity of land tenure in the settlement areas.⁶¹ People in urban areas spend 42% of their available income on food (compared to 17% in Australia for example).⁶² With a large proportion of the population without work, there will be significant food insecurity experienced in the urban areas of Vanuatu. Fresh foods availability in urban areas may also be affected by government reductions in market opening hours and capacity and directives on self-isolation.⁶³ Women in urban areas are more vulnerable to poverty than in rural areas⁶⁴ and with 13.5% of households in Port Vila headed by women (compared to 8.3% in Luganville and 12.2% in rural areas) women will be more impacted in urban than rural areas by food insecurity.⁶⁵

Communities already face multiple physical challenges in maintaining food security in Vanuatu such as growing crops in areas close to volcanoes (Tanna, Ambrym, Ambae) affected by regular ash fall or in the context of displacement and return from the Ambae volcano eruption. The potential of cyclones for the next couple of months of the 2020 cyclone season will potentially damage current stocks of food available for people to use during this period of lockdown.

In Vanuatu, where women are primarily responsible for ensuring food for the household,⁶⁶ the increasing scarcity of goods and pressure to perform productive labour to secure food and essential items may trigger domestic violence.

Land/house ownership

The rules of kastom define land ownership in Vanuatu. In Vanuatu, in most situations, 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.⁶⁷ Women's access to safe shelter for self-isolation or quarantine may be affected by male ownership of land.⁶⁸ 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. There have been reports of domestic violence affecting women's access to safe space in countries experiencing lockdown in response to COVID-19 outbreaks and reports of women being abused and kicked out of houses during the lockdown in China⁶⁹ and the USA.⁷⁰

Mobility

With the requirement to self-isolate or quarantine, women and men's access to public spaces and services will be affected. Even in Vanuatu where there are no known or suspected cases of COVID-19, the government has declared a State of Emergency restricting social mobility of the population such as postponement of social events such as church, weddings, restricting services of kava bars and night clubs and closing schools until further notice.⁷¹ Reduced access to public spaces and services has the potential to affect both women and men in their child care responsibilities, not being able to attend work, and not able to access health services or gain social support from friends and family.⁷² The lack of mobility caused by self-isolation or lockdowns are affecting women globally who are prevented from leaving their house to access domestic violence services.⁷³ Living arrangements in Vanuatu, revolve around many people and generations in one household (more than 69% of households contain 4-6 persons per house with 4.3% of households housing 10 people or more^{74 75}) and traditions built on large family and community gatherings with regular exchange of goods and other services. This makes self-isolating, quarantining or lockdowns nearly impossible or very ineffective as a preparedness or mitigation measure.

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. Vanuatu faces the challenge of responding to communicable diseases like malaria, tuberculosis (TB) and sexually transmitted infections (STIs), as well as non-communicable diseases (NCDs), particularly diabetes and hypertension, combined with delivering health services with a limited, ageing workforce.⁷⁶

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 eighty-nine percent of births were attended by medical professionals in 2013 (96% urban and 87% in rural areas).⁷⁷

With a focus on responding to the COVID-19 pandemic, there is likely to be considerable interruption to sexual and reproductive health services for women of Vanuatu. Evidence from past epidemics, such as Ebola and Zika, indicate that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care and contraceptives, and exacerbate often already limited access to sexual and reproductive health services.⁷⁸ There is increased risk for pregnant women in quarantine or self-isolation who may not be able to access ante-natal care or for women in general to access contraception supplies.⁷⁹ Adolescent girls' access to family planning materials need to be considered in this time due to the increased pressure for sex from boyfriends and the need to protect themselves from unwanted pregnancies. The 2013 demographic and health survey has indicated that 500 girls aged 15-19 dropped out of school in 2013 as a result of unwanted pregnancy.⁸⁰ With more adolescents at home and not in school, the number of unwanted pregnancies has a strong potential to increase with the pandemic. A lockdown can also increase chances for girls to face sexual

violence from males and family members.⁸¹ 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.

Obesity among adults is a key risk factor for non-communicable diseases such as diabetes and in 2011, 19 percent of the adult Ni-Vanuatu population was obese (with obesity more prevalent amongst women than men), 51% were overweight and around 29% had high blood pressure.⁸² Diabetes is considered a risk factor for COVID-19. Smoking has also been identified as a possible risk factor for COVID-19 with more men than women dying of the virus in China (60% men, 40% women) and in China 52.9% of men smoke compared to 2.4% of women.⁸³ In Vanuatu, 34.5% men smoke compared to women (2.8%).⁸⁴ Given these higher rates of smoking, men are at a higher risk of complications should they contract COVID-19.

In Vanuatu, the majority of health professionals are women (60%), mainly nurses and midwives rather than higher-skilled jobs such as doctors and surgeons.⁸⁵ This indicates that more women than men will be on the frontline of the response to COVID-19 in Vanuatu and have an understanding of risk and solutions to the crisis. Given the low representation of women in decision-making and leadership structures, women's critical voices and knowledge are lacking when making decisions about prevention and response to COVID-19.

Trust in and reliance on traditional medicine may complicate timely access to health systems during the pandemic due to the practice of seeking traditional or alternative medicine prior to accessing the health systems. "At the time when a Ni-Vanuatu is sick he does not go to a health facility straight away, he goes to either his traditional healer or to his pastor or his church elder".⁸⁶ In terms of COVID-19 where prevention and isolation from others is paramount, beliefs about traditional medicine may intensify the effect of the pandemic due to late presentation for treatment at health centres.

Some male dominated social practices in Vanuatu may help transmit and spread respiratory infections⁸⁷, for example drinking from shared and unwashed kava shels and then spitting of residue kava on the ground in *nakamals* (meeting places).⁸⁸ These practices are hazardous in the context of a virus spread by respiratory droplets and close contact with others. Men's participation in these social settings exposes them to greater risk of contracting COVID-19 and then infecting family members. Risk communication and health promotion campaigns may need specific behaviour change communication strategies and awareness targeted at men of different ages and social groups.

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.⁸⁹ With COVID-19 posing additional stresses on hygiene practice, lack of mobility due to self-isolation and quarantine as well as the reduction in income, 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.⁹⁰ Taboos also restrict menstruating women touching or preparing food and beliefs that exposure to menstrual blood brings bad luck to men and boys.⁹¹ In a quarantine or self-isolation situation, this may exacerbate violence or 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.⁹²

Another practical factor is that female health workers will need their menstruation needs met in a context of long shifts and short supply of sanitary products and has already been raised as an issue in China.⁹³

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%).⁹⁴ Reports from field workers of the Vanuatu Society for People with a Disability and the Vanuatu Women's Centre indicate that women with disabilities are at considerably higher risk of physical and sexual abuse and neglect.⁹⁵

People with disabilities both female and male, are at higher risk of contracting COVID-19 due to lack of awareness and information about prevention (handwashing and self-isolation) for people with disabilities, their families and their carers. They are also at greater risk than people without disabilities due to reliance on physical contact with the environment or their support persons/carers. People with disabilities also may have pre-existing health (including respiratory) conditions due to their impairment, which leave them more at risk of not only contracting COVID-19, but also more at risk of developing serious illness or dying from COVID-19. Despite being part of the high-risk group, people with disabilities can inadvertently be left out of community preparedness and health messaging efforts due to communications not being tailored to their needs and therefore inaccessible.⁹⁶

Containment measures such as physical distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe, or may result in disruptions in services vital for many persons with disabilities, which may in turn undermine basic rights such as food, health care, sanitation, and communication, leading to abandonment, isolation and institutionalization. When ill with COVID-19, persons with disabilities may face additional barriers in seeking and receiving health care and also experience discrimination and negligence by health care personnel.⁹⁷

Discrimination and emotional violence from family members and people in the community is a part of daily life for people with disabilities in Vanuatu.⁹⁸ There is concern that such violence and abuse will increase with containment measures and that current violence support services will struggle to meet the specific needs of people with a disability requiring violence counselling and support.⁹⁹ Vanuatu Society of People with a Disability (VSPD) report that women and girls with disabilities are more vulnerable than men and boys with disabilities due to gender norms and differing needs particularly menstrual hygiene management. There is a requirement for women carers to support women and girls with disabilities to manage their menstrual hygiene as this support cannot be provided by a husband/man due to cultural norms.¹⁰⁰

If people with disabilities were to be infected with COVID-19, there is concern that health services would prioritise health care to people without disabilities before providing health care to people with disabilities due to their complex health needs.¹⁰¹ More than 90% of carers of people with a disability are women in Vanuatu and it is common for them to not have a good understanding of the diagnosis and condition of the person they are looking after. Their own lack of understanding about the nature of the disability may lead to an inability to provide accurate information to health professionals or protective support to that person to be safe from COVID-19.¹⁰²

Displaced communities and internal migrants

Internal migrants, communities displaced by evictions or natural disaster, refugee communities living in urban areas are vulnerable due primarily to lack of land security, lack of access to land for gardens, overcrowding, and limited access to accessible and safe water and sanitation facilities, unemployment

or legal rights to be in the country.¹⁰³ Women and girls in these communities are particularly vulnerable due to harmful gender norms. It is important to consider their needs and special requirements in terms of COVID-19 prevention measures.

Access to education

Girls are at higher risk of not completing their education as a result of the pandemic. 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.¹⁰⁴ However when required to study at home, 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 chores 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. Women's role as care givers requires them to know, understand and pass onto others, health messages on handwashing and other prevention measures. It is important that women are directly receiving this information and in ways that suit their literacy and education levels. Technical jargon used is not understood in communities and most people prefer to face-to-face communication rather than through written health education materials.¹⁰⁵ 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.¹⁰⁶ This is a significant factor for communications for health promotion information for prevention of COVID-19 targeting carers such as grandmothers in the community who may be over the age of 65. 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. Globally women have 10% less access to mobile phones and the internet than men.¹⁰⁷ In Vanuatu phone access and use is generally more available to males than females in rural areas and in some areas women are not allowed to own phones. In urban areas however it is reported that more females have access to telephones than males.¹⁰⁸

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.¹⁰⁹ 65.2% of households in Vanuatu have no access to improved sanitation (50% urban households and 70.2% rural households).¹¹⁰ At least 15.7% of households (3% urban and 19.9% rural) do not have access to drinking water. 44% of all households have no access to alternative sources of drinking water (urban 58.9% and rural 38.9%).¹¹¹ Women and girls with and without disabilities are disproportionately affected by the lack of access to basic water, sanitation and hygiene facilities, due to their needs during periods of increased vulnerability to infection around 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.¹¹² 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.¹¹³ With increased need to self-isolate and the increased need for hand washing and good hygiene practice during the response to COVID-19, women and girls may face higher security risks in collection of water and when accessing sanitation facilities and providing support to people with a disability.

PROTECTION

Gender Based Violence (GBV)

The prevalence rates for violence against women in Vanuatu are one of the highest in the world with 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.¹¹⁴ 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. It is higher in rural (63%) than in urban (50%) areas.¹¹⁵ Studies also 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 without disabilities such as the denial of food or water, and forced sterilization and medical treatment.¹¹⁶ Violence prevention work requires investment in changing attitudes and behaviours that condone and perpetuate gender inequality and violence.

Experiences have demonstrated that where women are primarily responsible for procuring and cooking food for the family, increasing food insecurity as a result of the crises may place them at heightened risk of intimate partner and other forms of domestic violence due to heightened tensions in the household.¹¹⁷ In response to COVID-19, domestic violence service providers worldwide have warned of a possible increase in domestic violence cases if people are forced to self-isolate at home. China has already seen domestic violence reports nearly double¹¹⁸ as people were forced to stay indoors.¹¹⁹ In China, 90% of the causes of violence related to the COVID-19 epidemic are believed to be as a result of fear and anxiety from the extended quarantine, as well as the economic strain put on many families.¹²⁰

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.¹²¹

In declaring the State of Emergency, the President of the Republic of Vanuatu ended the declaration with a confessional prayer of which many people in Vanuatu have commented on as powerful.¹²² Religion in its part, will play a very significant role in people lives in Vanuatu during this pandemic, with people turning to prayer for guidance and support in the time of crisis. Recently the Pacific Labour Mobility Scheme provided a platform for a live sermon and message.¹²³ It will be equally important to monitor people's beliefs and any instances of discrimination against women in their diversity as well as women and girls and in different situations in their lives that can make them more vulnerable e.g. single mothers, and persons with disability could face discrimination in communities. If the public considers COVID-19 as a punishment from God for living in "sinful" ways. It is possible that the community may isolate and push out these groups out that they consider to be sinners. It will be important for agencies to understand and track impacts on marginalised groups.

Effective health and justice 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.¹²⁴ In Vanuatu, access to justice, health and support services for women, girls and marginalised groups including people with disabilities who have experienced violence is challenging because in rural areas, cases are usually dealt with by chiefs and not the state justice system.¹²⁵ Health services are limited and the number of police posts in Vanuatu are insufficient to provide appropriate coverage especially in rural areas.

The Ministry of Justice and Community Services (MoJCS), in partnership with Stretem Rod Blong Jastis mo Sefti, has implemented two mechanisms to reduce the incidence of domestic violence. The first is to pilot Authorised Persons (AP) under the Family Protection Act. Secondly, the MoJCS/SRBJS have implemented a memorandum of understanding between the Vanuatu Police Force and the MoJCS to conduct awareness and community support police rotations to remote areas of Santo and Efate. These police rotations are conducted monthly and police have been trained to provide awareness of domestic violence and also to conduct investigations and if necessary make arrests in relation to complaints of domestic violence. The AP program is intended to increase access to temporary protection orders in rural and remote communities. The pilot at present includes 3 locations on Santo and 2 on Efate. There are currently 6 appointed Authorised Persons and an additional 9 prospective APs awaiting appointment once the new Government commences. The existing APs have proved to be a vital mechanism for safety of women and children in the remote communities in Santo in particular, where they are regularly used not only for temporary protection orders but also to connect women with other justice services in Luganville, especially the police. The APs are supported by a 24/7 helpdesk phone to assist and support the Authorised Person. In addition to seeking support to obtain TPOs, the APs assist victims to obtain medical treatment and access support from the VWC. They also access police to respond to allegations of crimes of domestic violence and arrange police attendance at the location to investigate or take victims to the police station to make complaints.

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.¹²⁶ CAVAW are trained in counselling and handling cases and referral to the VWC. Physical distancing may be challenging for CAVAW in particular in their frontline role as community responders. However, at the time when many women and girls need GBV services more than ever, it is possible that police services in particular may be diverted to dealing with the COVID-19 crisis¹²⁷ and counselling services are constrained by physical distancing measures and self-isolation.

Other countries experiencing increases in domestic violence due to COVID-19 prevention measures, have put in place strategies for response to increased GBV including the reservation of more than 20,000 hotel rooms for victims of domestic violence and the setting up of pop-up counselling centres in shopping hubs in France; the allocation of tens of millions of dollars to support women's NGOs, shelters and sexual assault centres in Canada; and an additional US\$100 million allocated to tackle the issue in Australia.¹²⁸

Psychosocial support

The COVID-19 pandemic has the potential to cause significant stress to large proportions of the population including anxiety and distress from fears of safety and job insecurity, to fatigue and stress in health workers, loneliness and distress arising from prolonged isolation due to quarantine – especially of vulnerable populations (e.g. elderly, young children, people who live alone) and depression and suicidality arising from prolonged exposure to adversity (e.g. quarantine, no work, limited social interaction). For women and children there is the added stress of violence. Vanuatu has

limited psychosocial health services available and so it is vitally important that responses to the pandemic 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.¹²⁹ 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%).¹³⁰ In a 2008 baseline study, 78% of community members surveyed admitted to physically harming children.¹³¹ 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.¹³²

Recent research conducted by ECPAT International on the sexual exploitation of children in the Pacific¹³³ 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. COVID-19 presents a risk of exacerbating these risks to children, as schools close and they are left home, and possibly alone, if their mother is working in health care or their parents have migrated to other provinces or overseas for work. Additional risks are posed if families are forced to self-isolate.

Sexual Exploitation and Abuse

An overall economic downturn can result in a spike in [sexual exploitation and abuse](#), where at-risk groups (particularly woman, child heads of households and single women living in poverty, widows, adolescent girls, sex workers and disabled men and women among others), who are struggling in terms of income and employment opportunities, may be forced or coerced to provide sex in exchange for food.¹³⁴ Emerging evidence suggests that the COVID-19 pandemic has the potential to increase the risks of sexual exploitation and violence¹³⁵ in exchange for essential goods.

Safety

Public health messaging for COVID-19 has focused on good hygiene practices such as washing hands. 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

In Vanuatu, women make up half the producers (49.5%) in the informal and traditional economy including the growing and processing food, cash crops and production of handicrafts. 37.5% of paid

employees are women and women perform 63.6% of all reproductive or household labour.¹³⁶ Income-generating activities such as selling produce in markets and handicrafts for the tourist trade are adversely affected by pandemic prevention measures such as physical distancing and border closures. The main Mamas' vegetable market in Port Vila has been closed for the duration of the State of Emergency. Women will bear the responsibility of finding alternative income while maintaining their responsibilities in the home as they are regarded as being responsible for production of food crops for family/household consumption whilst men tend to focus more on cash crops such as kava, cocoa and coffee.¹³⁷ 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.¹³⁸ In 2017-18, approximately 7000 people from Vanuatu (14% female) participated in the seasonal workers programs in New Zealand and Australia. On average, for the duration of their employment, each seasonal worker remitted or returned with VUV 708,000 (AUD 8,850).¹³⁹ Most seasonal workers and the Pacific Labour scheme placements have been paused or cancelled which will mean that families relying on this income will need to find alternative sources of income.

Savings

In Vanuatu, more than one quarter of rural women save through informal mechanisms, such as savings clubs, including VANWODS' microcredit scheme, 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.¹⁴⁰ Physical distancing and lockdown measures could hinder women's ability to participate in savings clubs, and for many, utilising a formal financial access point would be too difficult. It will be important to understand the variations in how different people access and utilise different types of informal and formal financial services as this situation unfolds.

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.¹⁴¹ 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.¹⁴²

In a time of physical distancing measures and economic downturn, this traditional wealth could be less effective in absorbing shock. Women in Vanuatu were found to bear a unique burden in adjusting to food, fuel and economic crises, and were more likely to report increases in food prices and increased difficulty in adjusting to these prices. This is likely to be due to women's general responsibility for procuring food for the household. Women were subsequently more likely to report reduced food consumption, concern for the health and nutrition of the family, and increased reliance on their kitchen garden in response to rising food prices.¹⁴³ Physical distancing and measures to protect the vulnerable may also compromise the traditional support provided by the family and community.

CONCLUSION AND RECOMMENDATIONS

Whilst there are no confirmed or suspected cases of COVID-19 in Vanuatu as of the start of April 2020, it is clear that if and when COVID-19 is found, Vanuatu will experience a public health crisis with complex contextual challenges that also affect the social and economic sectors. These include multiple islands, vast distances and limited resources¹⁴⁴ as well as access to quality health services. Based on experiences in other countries, the Vanuatu government's initial response of closing the borders, promoting good hygiene and sanitation measures, self-isolation and physical distancing has been appropriate in attempting to stop the virus from entering Vanuatu and help the population to start to change behaviour around social interaction and hygiene. It is really important however that all risk communication is gender and socially inclusive and responds to the gender context. If there is an outbreak, it will be much easier to contain if the population is already practicing good hygiene and understands the risks and the measures, such as self-isolation, that are required to stop the spread.

A COVID-19 outbreak in Vanuatu could disproportionately affect **women and girls** in a number of ways including adverse impacts to their education, food security and nutrition, health, livelihoods, and protection. In Vanuatu, women are the primary care givers in the family and are also the key frontline responders in the health care system placing them at increased risk and exposure to infection. Maternal and sexual reproductive health (SRH) needs continue in an emergency. COVID-19 risks increasing women's already over-burdened workload with caring for children unable to attend school as schools close and caring for the sick (both at home and as workers within the health system). Additionally, as with all crises, there is the potential for an increase in family violence in a region where pre-existing rates of violence against women are already very high.

People with a disability are especially at risk with limited access to information, resources and sanitation and hygiene facilities. People with a disability often already have complex medical needs and face discrimination and stigma on a daily basis. Vulnerability to discrimination, emotional and physical abuse has the potential to increase in stressful circumstances such as self-isolation and financial stress. Many people with a disability require physical support and close contact with others and so both their carers and people with a disability will be at increased risk of infection. Women with a disability are at increased risk due to gender norms and protection issues.

There are specific considerations about **men's** gender roles and norms which need to be taken into account in relation to the COVID-19 response in order to ensure that men are properly targeted to help reduce their vulnerability to illness and to leverage their roles as leaders and decision makers in the home and in the community to help prevent the spread of the disease.

RECOMMENDATIONS

1: RESEARCH AND DATA COLLECTION

1 a) Continually update the Gender, Disability and Inclusion Analysis with contextualised response recommendations as the crisis continues

While the virus is not present in Vanuatu at the moment, this analysis will need to identify how the community and government is responding to the virus and its affects when it does come to Vanuatu. Therefore it is important for the Vanuatu Gender and Protection Cluster to continue to analyse how the virus is affecting women, girls and people with a disability and other marginalised groups so that they can inform responding agencies and support amendments to programming to respond to identified needs. 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 vulnerability to infection, exposure, and treatment¹⁴⁵ for women, men, boys, girls, people with disabilities and other marginalised groups. Response recommendations should consider how the quarantine experience can be different for women, men, boys, girls, people with disabilities and other marginalised groups, such as whether different physical, cultural, security, and sanitary needs are being met as well as recognize that the home may not be a safe place for some women, children and people with disabilities and may indeed increase exposure to intimate partner violence.¹⁴⁶

1b) Ensure availability of sex, age and disability disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse¹⁴⁷

Given the gender dynamics of COVID-19 impacts, it is important to collect data that is disaggregated by sex, age and disability (using Washington Group Questions) and if possible also capture data on diversity, female headed households, pregnant and lactating women. COVID-19 will not only have impacts on health, and therefore data should also be collected on impacts on livelihoods, wellbeing, gender based violence and child protection. This enables inclusive planning and the monitoring of these key societal issues which have negative impacts on certain community members.

2: CLEAR TARGETED MESSAGING

Commence COVID-19 risk communication and awareness immediately, ensuring that women, people with a disability and other marginalised groups including displaced communities, are engaged in the development, design and delivery of risk communication and awareness materials

We have seen from other countries that once the COVID-19 virus enters a country it rapidly spreads. Due to social and cultural norms **women** do not always have access to necessary preparedness information. Given their role as carers (for children, the sick, the elderly and people with disabilities) and as health service providers, it is vitally important that they are engaged and targeted with awareness measures immediately. 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 crisis. Ensure imagery depicts men and women working together to share household and caring work (cooking, cleaning, caring for children, helping with home schooling) safely and hygienically to fight the spread of COVID-19. 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 preparedness and health messaging efforts due to inaccessible communication and other barriers.¹⁴⁸ People with a disability and their carers must be involved in the development and design of communications materials that provide awareness of protection measures for 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.¹⁴⁹ Outreach should include working through representative groups due to their community networks and knowledge of vulnerable groups.

Specific activities should also be implemented targeted to **men**, focussing on risk communication and behaviour changes strategies recognising specific male dominated social practices (e.g. kava) and norms which may increase their exposure to the disease and which leverage their role in prevention. Explore creating messages targeted at 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.

Ensure messaging on physical distancing and self-isolation is communicated in a clear and accessible way to rural and remote communities. Gender based violence messages and child protection messages should be mainstreamed in all messages related to the pandemic. Provide specific guidance to communities on the difference between physical isolation and intimate partner violence e.g. withholding of food, medicines or preventing access to healthcare.

3: INCLUSION IN PLANNING, DECISION MAKING AND IMPLEMENTATION

Ensure meaningful engagement of women, girls and boys and people with a disability in all COVID-19 planning and decision making on preparedness and response at the national, provincial and community levels, including their networks and organizations, as well as implementation of activities to ensure activities are adapted to the needs of each group and response is not further discriminating and excluding those most at risk.¹⁵⁰

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. Better inclusion of women frontline workers in health and other sectors (e.g. GBV) in all decision-making and policy spaces can improve health security surveillance, detection, gender GBV patterns and prevention mechanisms.¹⁵¹

Responding agencies should also provide priority support to women on the frontlines of the response, for instance, by improving access to women-friendly personal protective equipment and menstrual hygiene products for healthcare workers and caregivers, psycho-social support and flexible working arrangements for women with a burden of care. Given women's front-line interaction with communities and their participation in much of the care work, they face a higher risk of exposure. With such proximity to the community, women are also well placed to positively influence the design and implementation of prevention activities and community engagement.¹⁵²

All response programs should mainstream and integrate gender based violence as part of a multi-sectoral response. 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 to contracting COVID-19, 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 response. Health responders should be provided with awareness of how to most safely and effectively provide testing and treatment for people with a disability and their carers which does not cause discrimination or stigma.

One way to create an environment to enable the voices and priorities of diverse groups of women, people with disabilities, children and other marginalised groups, is to ensure that **response teams** are diverse. By ensuring a diverse response team that is 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 awareness messaging and 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.¹⁵³

4: PRIORITISE GBV AS AN ESSENTIAL SERVICE

Prioritise services for prevention and response to gender-based violence in communities affected by COVID-19¹⁵⁴ and consider different ways people can access services in isolation and how services can be more inclusive of people with disabilities

Vanuatu has some of the highest rates of GBV in the world. Referral services and response mechanisms will need to be resourced and strengthened to be able to respond to the expected increase in violence due to COVID-19. Women, girls and people with disabilities may be at higher risk of GBV due to increased tensions in the household, particularly if isolation, quarantining and lockdown measures are put in place. As systems that protect women, girls and people with disabilities including community structures, may weaken or break down or become inaccessible due to COVID-19 impacts, specific measures should be implemented to protect them from the risk of GBV.¹⁵⁵ The Vanuatu Council of Ministers (CoM) recently decided that relevant ministries must prioritise as an essential service, implementation of the Family Protection Act (FPA) to prevent and respond to domestic violence. This would include ensuring that information is circulated on how to access services in the constrained environment. Gender based violence referral pathways must be updated to reflect changes in available care facilities, while key communities and service providers must be informed about those updated pathways.¹⁵⁶ 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, other awareness and outreach. Funding should be ensured to continue existing services and ensure they are able to adapt to the needs of people with disabilities implement remote approaches to service provision where relevant, provide police presence and ensure that these services are not disrupted due to re-allocation of resources to COVID-19. Response should include measures to support people experiencing psychosocial effects of living through a pandemic. This is particularly important for people who are experiencing violence.

5: PROTECT SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Protect essential health services for women and girls, including SRH services¹⁵⁷ during the response to COVID-19

Sexual and reproductive health and rights is a significant public health issue that requires high attention during pandemics. Safe pregnancies and childbirth depend on functioning health systems and strict adherence to infection prevention. Provision of family planning and other SRH commodities, including menstrual health items, are central to women's health, empowerment, and sustainable development and may be impacted as supply chains undergo strains from pandemic response. Continuity of care must be ensured in case of severe facility service interruption or other disruption in access for women and girls of reproductive age. 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.¹⁵⁸ Ensure all groups are able to access family planning, contraceptives and condoms to ensure they can continue to manage their reproductive and sexual health.

Engage with the Ministry of Health and the Public Services Commission on the need to engage women health professionals in decision making on the health response to COVID-19. Ensure their labour rights are protected in terms of overtime and number of working hours.

6. FOOD SECURITY AND WOMEN'S ECONOMIC EMPOWERMENT

Develop mitigation strategies specifically targeting food security and the economic impact of the outbreak on women, people with a disability and other marginalised groups and work to and build economic resilience¹⁵⁹

COVID-19 has the potential, if not already, to affect the food security situation of Vanuatu as well as the ability for women to earn an income. The impact of the pandemic will be felt in a household's ability to purchase essential items including food and hygiene products and will also place additional stresses on the household which may lead to an increase in family violence. Therefore responding agencies need to consider acute food security needs of communities in the response and recovery phases 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 due to COVID-19 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.

Engage with responsible departments on economic stimulus package support for small traders who do not have business licenses and families who need social protection support. Explore employment opportunities prompted by COVID-19.

7: WASH SERVICES PROVISION

Ensure that WASH services and facilities are safe and accessible for women, girls and people with a disability

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

8: 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 and reporting pathways are in place and refreshers provided for 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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