

### Gender and Protection Monitoring Report | North Ambae

**Data gathering period:** November 28-30, 2017

**104 respondents: 40 males and 64 females** (ages ranged from 19 to 75years) from the northern villages of: Saraivirelenga (inland) in Lakalakambulu ward, Naune Kotangwale (upland) in Vusimbulu ward, and Waluembue (coastal) in Saratulai Vatuolo centre, were surveyed as a part of this GP monitoring.

This Gender and Protection Monitoring report by the Gender & Protection Cluster aims to provide timely information on emerging gender and protection issues in Ambae Island following repatriation. It aims to inform the government, organisations and actors across different clusters of specific issues affecting women and men after the eruption and provides some recommendations on how early recovery programs can be more responsive to their different needs. The process of data gathering is also aimed to give women and men a forum to express their concerns, through focus groups or storians, key informant interviews, one-to-one surveys and individual storians.

#### 1. Hunger: Food and Nutrition

“Breastfeeding mothers find it very hard to feed babies.”

“We need fruit now.”

“Food tastes different, but we just have to love it.”

“It’s hard to feed older people now.”

“We are planting our food but slowly.”

“We found out that taro is good to plant. It is adapting to the volcano.”

“We are still monitoring everything to find out what is best to plant and changes in the ways of living.”

“Women have to do more work.”

– **Women’s focus groups, North communities**

74% of community members surveyed stated that they **rely on agriculture** (root crops, fruits and vegetables, livestock, fishing) and local markets for food supply and nutrition. A combination of ash, acid rain and livestock have damaged crops, thus affecting food supply and diversity.

Food intake and diversity: Families reported eating less and experiencing hunger in Northern communities<sup>1</sup>, eating less than two times a day to manage food supply. It was not explicitly reported but in such disaster affected communities, women are often more likely to be the last to eat in crisis as they prioritize feeding their families, and therefore also have less food intake. Food diversity is low and limited to available crops in the garden such as, taro, cucumber and bananas, however, the community members report those remaining crops are slowly dying or not re-growing due to the increased volcanic activity. The community reported that they are depending on and eating larger quantities of rice than before to compensate for the lack of local food available, which is negatively affecting the health of the population, in particular those who have special nutritional needs: elderly, infants and children, pregnant and lactating women and people with illnesses. Respondents reported that there have been no nutritional support efforts made to address the specific needs of these vulnerable groups since repatriation.

“A big concern is about our vegetables; we don’t know when to eat and if they are going to grow in the future or not. We see that people are getting sick because we aren’t eating vegetables. If we continue to face the ash fall, what will happen to our children and garden, which we rely on?”

– Women’s focus group

Impacts to vulnerable people: Pregnant and lactating women are more affected by the reduced food intake and varied diet, with new mothers reporting low breast milk supply due to a lack of adequate nutritional intake. To cope, one mother reported feeding her three-month-old baby solid food early to attempt to fulfill her baby’s nutritional needs. Mothers reported that children cry asking for food. In one community, a teacher reported that children have not been bringing snacks to school since repatriation. Older people are also asking for diverse food such as cabbage. It is anticipated that food supply and diversity will further decrease as crops take time to replant and grow (or may not grow), resulting in a significant gap in food supply. Women and men reported not knowing where to source food from in the coming weeks. As a result, health and nutrition conditions are predicted to further decline.

“Cabbage and taro does not taste like before, so we find onion or other things to mix with it so the children will like to eat it.”

– Women’s focus group

“I have to feed my child [solid food] at an early age, because she keeps on crying. Breastfeeding is not enough because I am eating dry food all the time – no cabbage, no vegetables.”

– Individual woman’s storian

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<sup>1</sup> This was also supported by the FSAC Food Security and Agricultural Livelihoods (FSAL) Needs Assessment (2017), where they found that 20% of respondents experienced hunger with no food to eat in their house post-repatriation, indicating difficulties to access food, in particular in the North.

## 2. Thirst: Water Quality and Supply

“My main challenge is water; even if we take the water from further away, I need to try and save it and treat the water. I have no well and tank, and even if I save it, I see ashes. I am more concerned for my baby now [because of ash fall in the water].”

– **Individual women’s storian**

Water quantity and quality: People reported a decrease in availability of clean and safe water due to limited supply and low quality of water due to contamination, but increase in demand (food has to be washed more, bathing and washing clothes are more frequent, longer and need more water). Women and men reported that wells, tanks and rain water harvesters are filled with ash. There is confusion and uncertainty over the safety of water both for drinking and household use.

Communities visited in upland, inland and coastal areas in the North reported diarrhea as a direct result of unsafe drinking water, affecting vulnerable people who are more susceptible to illness such as children, pregnant and lactating women and elderly. Teachers reported that a main challenge in schools where classes have resumed is the availability of safe drinking water for children.

“We are so concerned about water: the water we are drinking now, is it good for our families or not?”

– **Women’s focus group**

“We are scared that water we are using is not clean. If I drink it, I might die before time expected.”

– **Individual elderly woman’s storian**

“Before we didn’t wash after returning from the garden, but now we use a lot of water just for washing off the ash.”

– **Women’s focus group**

## 3. Coping and Household Labor:

Food: Women reported an increase in household work due to changes in how food is sourced and prepared (e.g. washing many times, storing differently). Crops that survived are reported to taste different due to ash in the soil and to encourage children to eat, women are innovating the way they cook food to mask the different taste with other ingredients that they would not normally add, which is increasing the time spent in sourcing ingredients and in food preparation. 70% of women and men surveyed reported positive coping strategies, answering ‘yes we have made efforts’ to the question ‘*Yu tinkse yu save karem bak ol samting we yu bin lusum o damej?*’ (*Do you think you can get back what was lost/damaged (gardens, crops, livestock, income?)*). They reported attempting to replant and proactively monitoring to try and identify which crops are surviving. However, 30% stated that they have not been able to replant, identifying reasons such as a lack of resources and a lack of knowledge of how and what to replant in these new conditions.

Water: Before the volcanic eruption, mothers were the primary water collectors and users in the household, and were significantly more likely to fetch water than men. Widows, single mothers and fathers, and people with disability and elderly who live alone were also tasked with water collection.

They reported spending more time on collecting water after repatriation back to Ambae, as they often have to travel further to new sources that were less contaminated. Labor levels have also increased as people are boiling all water before household use in an effort to ensure that it is safe to drink. Community members reported that household water use has increased as well, as family members have to bathe more frequently after going to the garden to wash off ash and acid rain. On their return to Ambae, community members reported that more family members, such as husbands and children, were helping mothers to collect water for the household to compensate for the increased demand.

#### 4. Self-Sufficiency: Livelihoods and Productive Labor

“Finding income was easy compared to now.”

“The spirit of work is weak.”

“We don’t have any ideas to move on.”

“If I sell food from my garden, my family will not have enough.”

“I look after my two grandsons now after returning; I face a big challenge to look after them.”

“You can see on all the women’s face that they are worried and sad.”

– **Women’s focus groups, North communities**

Decision making: Storiars indicated that while there are discussions between women and men, men have more power over decision making in the household and are considered to be the heads of household, with the minority of responders reporting that both women and men share responsibility for decision making in their household. This indicates that in decisions over assets and income, men have more leverage than women.

“Our income will decrease rapidly due to damage from acid rain and ashes to kava and pandanus leaves for weaving mats, which are the only means of income. Also, copra coconut is being overused in households and there is less for copra selling.”

– **Men’s focus groups, North communities**

Productive activities: Women and men are both experiencing challenges securing productive activities, however women were reported to have almost no productive activities due to damage to crops, pandanus leaves and livestock, changes in the environment and low purchasing power. One older woman shared that she tried to resume baking kato but water supply affected production and very few people are now able to buy bread. Women said they were focused on household labor in response to increased demand for household care work and a decreased sense of individual safety. Men were reported to work a few hours a day in gardens. They are now wearing protective gear (e.g. hats and sun glasses) due to the ash causing skin and eye irritations. Some men said they are still harvesting some kava and coconut for copra, but that they are on the last harvest now. One man noted that despite having coconut that could be processed and sold as copra, it is now being consumed in the household, due to the lack of other food sources.

Both men and women reported that their motivation to resume any work is low, especially in the gardens. While some have attempted replanting, they are uncertain of the results, as many crops are failing to grow as usual. They reported that agricultural and water assessments have been undertaken in their localities but a group of men expressed disappointment that no information was provided on agriculture.

Vulnerable people such as pregnant women, elderly, persons with disability, people living alone and widows are less likely to have access to productive work as they already had poor access to this before evacuation and are now even more dependent on others to survive.

Arranged marriages as a coping mechanism: There were reports (four respondents referred to 1-2 cases<sup>2</sup>) from the North communities<sup>3</sup> of arranged marriages, or ‘custom marriages’, as a way for families to ensure that they have a ‘second home’ to evacuate to on a neighboring island in case volcanic activity escalates again. Two cases were reported to involve young women between 18-19 years old. Deciding and arranging the marriages were said to be undertaken by the couples’ fathers. In one men’s focus group, fathers said that they ‘had no choice’ but that the young women ‘were happy’ for this to happen. Some were said to be arranged in Santo, during evacuation.

## 5. Women and Young Women At Risk: Gender Based Violence

“Now many people are looking to, and have, given their girl to another island. But in this ward, we don’t do that.”

– Men’s focus groups, Walembue village

Domestic/partner violence (verbal, emotional, physical): 26% of respondents from the survey said both domestic violence and child abuse are observed to have increased in physical, emotional, sexual and verbal forms. One case of domestic violence was noted by a men’s focus group but was unreported to authorities. Another focus group of men shared that sometimes fathers could be verbally aggressive/abusive to women and children when telling them to make sure food is safe and washed properly. If there were cases, people said they could approach NGOs, Vanuatu Women’s Center (VWC), chiefs, family members, police and pastor. However, responders noted that there were no safe spaces to go to in North communities when cases of gender based violence occurred, ‘unlike in Santo’. One noted as they would need to travel to Saratamata.

In response to these results, the GP cluster and its members are disseminating GBV referral pathways to communities, particularly targeting vulnerable groups such as, elderly, women, young women/people with disabilities.

Disability awareness: Disability awareness in community is low, according to families caring for persons with disability. It is common for community members to not understand disability and to treat persons with disabilities differently. In evacuation areas, respondents said it was difficult to manage children with intellectual disability as the emergency situation and the change in routine was very distressing for these children. This challenge was also amplified by the shared living environment as

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<sup>2</sup> We did not validate these cases and whether some respondents are referring to the same cases. We shared the trend to VWC staff in Saratamata. Names of villages are indicated in some interviews.

<sup>3</sup> In East communities, 2 teachers referred to 2 cases of young women arranged to be married in Maewo.

carers reported feeling pressure to keep their children quiet. In one case, a mother who had never used physical means to discipline her children said that she was forced to do it during evacuation.

## 6. Reduced Access to Basic Services: Health, Reproductive Health and Education

“Now, life is hard. Everything is challenging.”

“We feel like our bodies do not feel well, we don’t know why.”

“We feel sleepy all the time after we came back from the evacuation centers in Santo.”

– **Women’s focus groups**

Access to health care: Health problems such as diarrhea, eye sores and skin diseases are prevalent, possibly due to increase ash fall and acid rain. Those with illnesses, and vulnerable groups more susceptible to illness (e.g. elderly, children, pregnant and lactating women) are in need of special medical attention but reported struggling to access services due to fees and transportation costs. In some communities, local aid posts have not resumed operations, making it more difficult for those to access facilities at the center.

Access to reproductive health services: 65% of responders in the one-to-one survey reported that women in their community cannot easily access reproductive health services since the repatriation due to the availability and cost of transport to and from the clinic, and the cost of the medication and clinic fee. Because households’ sources of income have been greatly affected by the disaster, the costs associated with reproductive health services have become too expensive for families to afford.

Access to education: Schools are operating at reduced capacity because many teachers have not returned to Ambae after the evacuation. In villages with schools, communities reported that 1- 2 teachers were having to teach the whole school in combined classes, placing extra stress on the teachers and affecting the quality of education that the children receive. In addition, teachers and parents reported that children could not focus in class or did not want to attend school at all as they are still afraid of the volcano. To help the children recover and focus at school, one teacher reported that they were sharing positive messages about the volcano with the students in an attempt to reduce their anxiety by helping them to understand and adapt to it.

Parents continued to express concerns about being able to afford school fees in the near future as all sources of income have been severely impacted and all savings were spent during the evacuation. The interviewers found that this concern was causing a large amount of distress for all parents with school aged children in the communities.

“The children will be okay in the future as long as they understand and adapt to the changes around them. They should continue to read and play.”

“They come to school without snacks. They used to bring pawpaw, cucumber, coconut and greens for snacks but since the crisis, they have not brought anything.”

– **Community teachers**

Most vulnerable populations: The group/s of people that are considered the most impacted by the eruption and continuing volcanic activity by community members are children (95%), elderly (91%), persons with disability (78%) and women (69%) and people located closer to the volcano (17%). The reasons for their vulnerability identified by the responders were mostly due to limitations in mobility/movement, susceptibility to illnesses, and lack of resources.

## 7. Information, Emotional Wellbeing and Sense of Safety

“With all the challenges we have faced, we have come to understand the volcano a little bit and must make it our friend.”

“We call Ambae ‘New Ambae’.”

“We are learning things we didn’t know before.”

– **Women’s focus group**

Sense of safety and emotional health: 74% of people answered ‘no’ when asked if they feel safe in their community now that they have returned. People are uncertain of their ability to meet their basic needs, they are scared of the unpredictability of the volcano, and they have no access to information that can help them to adapt and feel secure. When rating their feelings of safety on a scale of 1 to 5 (1 being very safe and 5 being very unsafe) the majority of both male and female responders (48%) ranked themselves a 3, feeling ‘sef smol’, followed by 30% of people who ranked themselves a 4, feeling ‘no sef’<sup>4</sup>. Feeling unsafe is taking its toll: men shared that they are feeling emotional and uncertain as this is a new challenge for their community and their family that they have not faced before. Women, girls, elderly, pregnant and lactating women and persons with disability are likely to experience more insecurity after repatriation due to specific vulnerabilities. Emotional support is provided by women or primary care givers to family members who need it the most, which helps members in debriefing and coping with the situation.

“[We are coping with the situation by] not letting children wash in the rain like before the first evacuation.”

– **Women’s focus group**

Impacts on children: Parents and teachers reported that the Child Friendly Spaces constructed in the evacuation centers in Santo enabled the children to feel supported and learn positive coping mechanism through games and storytelling, which parents said has helped them cope after repatriation. One community reported that the children were displaying very positive attitudes towards the ongoing issues, supporting their parents in household work after repatriation.

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<sup>4</sup> This is the highest feeling of safety if compared to East and West.

“We found that after the evacuation, the children changed their ways of behaving, and they do things differently since we have come back.”

– **Women’s focus group**

Community mobility: Mobility has been reduced, especially for children. For example, the community reported that instead of playing outside in the rain as they once did, children are now made to come inside due to acid rain. It has also been observed that women and girls are staying at home more and travelling in groups within the community and to their gardens, unlike before, as they are afraid of the volcano. Men were reported to no longer be working a full day in the garden, as there is no place to ‘rest smol’ due to the ash fall, so they are limiting garden work to half-days only.

There is an increase in the number of families considering relocating permanently to other islands. Those who have resources and wish to relocate have bought land and moved to Santo or Efate. However, women and men without resources do not have that option and must remain in the community.

“I have a plan to go to Santo, but I don’t have enough money yet.”

– **Individual woman’s storian**

“I want to move to another island, so I will feel safer.”

– **Individual woman’s storian**

Communication: Official information on volcano, agriculture and water is not accessible; and there are rumors adding to fear and uncertainty. There is a need to provide information and help people understand the volcano, and adapt to its impacts (e.g. on agriculture and water). To cope, men said they travel long distances to access information from the government in the provincial capital, which is a full day’s walk from their community.

## **8. Community: Decision Making, Voice and Participation**

“Every meeting we attend, only men talk. But thank you for this space where we women can share some of the challenges we face.”

“Thank you for the storian, for the questions you’ve asked and the space you’ve given women to speak and share all our thoughts. Thank you for encouraging us mamas to stand strong and start again.”

– **Women’s focus groups**

Just as in the household, men dominate leadership and decision making in communities through traditional (Nakamal/ Custom) and church structures. In public gatherings, women perform valuable community labor like cooking and cleaning, and men are more likely to speak publicly. Although the official PENAMA Provincial structure includes women and youth council leaders from the village level,



this was not mentioned in villages visited. One focus group of women reported that usual practices do not allow women's voice to be heard, and expressed appreciation for the separate focus groups included in this monitoring visit.

Respondents also observed that regular community activities such as local community markets, custom ceremonies or large community events (e.g. weddings), meetings and activities run by women's groups and church groups have not resumed since repatriation, affecting people's sense of community.

Sector	Recommendation
Health, Nutrition	An immediate assessment needs to be conducted on the health and nutrition of pregnant and lactating mothers and infants, in particular in response to the nutrition deficiencies that were report by P&LW, and then recommend how to address the health and nutritional needs of infants, pregnant and lactating women, children, persons with disabilities and elderly.
All sectors – particularly Food Security and Agriculture, WASH, Health, and VMGD	<p>Key information needs to be urgently provided to the communities. This needs to be disseminated using a combination of different mediums to account for the different groups and their abilities, as well as differing levels of geographical isolation. For example, combining written (fact sheets or text messages) and verbal communication (in person explanation or radio message) increases the effectiveness and coverage of the information.</p> <p>Information should be provided on water (treatment and quality), agriculture adaptation methods (what, where and how to replant in these new condition), health and nutrition, volcano activity and weather forecasts (what are the different alert levels and acid rain). Additionally, information is needed on what on-going government support there will be, so that communities are able to make informed decisions on the future and reduce their uncertainty.</p>
Gender and Protection, Health	<p>Psycho social support for men and women with adapted approaches for women and men, elderly, persons with disability, pregnant women and children needs to be provided urgently. This support could be strengthened by being coupled with information and awareness on the volcano and practical ways to move forward and adapt.</p>
Health	Immediate health support for diarrhoea cases in communities needs to be provided, with the possibility of subsidies and transportation support, or mobile health clinics for the most vulnerable, investigated to improve access to health services and medicines.
Livelihoods	Approaches need to be gender-responsive, taking into account the gendered patterns present in livelihoods and women's burden of household work during a disaster. Household sharing of labour and home gardening should be promoted to reduce women's workload.
Livelihoods	Livelihood support needs to be provided to the most affected populations to encourage livelihood diversification. Vulnerable groups must have access and appropriate support, informed by disaggregated consultations.
Education	The concerns that families have around school fees and their affordability need to be addressed, including investigating what kind of support could be provided, and whether it is feasible to reduce the rate.

Assessments, distributions and community consultations	When conducting assessments, distributions and consultations, all stakeholders' (government agencies, INGOs and NNGOs) must separate women, men, girls and boys, and vulnerable groups (if appropriate), consulting them separately to ensure that all groups are well represented and are given support to add their voices and represent their unique needs and priorities. Conducting assessments and consultation in this way will also improve response designs to meet these different needs.
Community-centred	Early recovery projects should consider utilizing community-based approaches to revive and/or strengthen the sense of community, and to improve the sense of wellbeing of affected people.
Disaster preparedness	CDCCCs should be supported to ensure the committees are functional and established in communities in order to be able to accessing information on behalf of the community and express concerns on the volcano, adaptation and recovery.
Disability inclusion	DPOs such as DPA and other INGOs need to conduct disability awareness sessions, in particular disability inclusion in emergencies in these communities.