

Gender and Protection Monitoring Report | South Ambae

DATA GATHERING PERIOD: December 3-5, 2017

78 RESPONDENTS: 47 males and 31 females (ages ranged from 12 to 70+ years) from the Southern Wards of Malai Ward (Tavilara and Talungararani Villages), Mauri Ward (Lolovatali Village) and Vatuveulu Ward (Sakao and Waisine villages) 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 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

“My worry is my little child (4 months old). We do not have enough nutritious food to eat for me to be able to lactate to feed her, so I must feed her early with ripe pawpaw.”

– Individual storian

Food intake and diversity: All communities reported that the majority of their crops and gardens have been lost and damaged (including root crops, fruit and vegetables) due to the increased volcanic activity and the subsequent acid rain, ash and drier conditions, and destruction by the livestock during the evacuation. Families reported that they have reduced their food intake to two meals a day. Women reported that they are eating a combination of leftovers from their garden and rice from previous food aid distributions, with some receiving small food packages from family members on other islands. To cope with the loss of cabbage they are now substituting taro leaves, often deemed to be consumed as a last resort. However, it was reported that this is not an adequate substitute, with breastfeeding mothers saying that they are not able to produce milk to feed their babies because of poor nutritional intake. This is particularly concerning as it indicates that infants are also receiving inadequate nutritional intake, which could lead to malnutrition and potential stunting. To cope, teachers are said to be sourcing cabbage for their community from the market in Saratamata when community members from Maewo come to sell their produce. While food aid was reported to have been received by the communities in the South, focus group respondents expressed concern that it was not distributed fairly between community members.

2. Household Labor and Water Safety and Collection

"We women have a bigger work load than before."

"Mamas do everything inside the house. Pikinini help collect fire wood and water, and wash dishes. Men didn't use to plant, but now men are helping to do the hard work, cut copra and do gardening."

"There have been big changes since we returned – there is no water, so now we use sea water to wash the clothes and the dishes."

"Mamas face a lot of challenges in getting clean water, and we now have to wash everything – root crops, bananas, leaves, cabbages."

– **Women's focus group**

Water: Water was reported as unsafe and hard to access. Women reported that there was only enough water for drinking and cooking, which had detrimental implications on hygiene and sanitation practices. Though respondents reported that some support has provided by UNICEF in the form of water and hygiene/dignity kits the problem still remained and was likely to increase, causing an increase in illnesses.

Household labor: Women were reported to undertake household work in most families. All women focus groups reported significant increases in household work to adapt to changes after repatriation. The most challenging and time consuming exercise was collecting clean water. Approximately half of respondents reported mothers were the main water collectors in their household, now collecting from creeks instead of wells due to a lack of water in the wells and the belief that they are contaminated from acid rain and ash fall. The creeks are a much further distance from the community, and the women reported that the journey was also unsafe. The additional workload continued into the kitchen with women reporting that due to heavy ash fall they must wash vegetables and root crops more than once, and innovate with food preparation because of the extensive damage to all gardens and crops, which has reduced the diversity of food available (e.g. coconut milk is being used as a substitute for cabbages). However, mothers reported a positive trend that due to the vast increase in household labor their family members, the men were now helping with household chores that they had not participated in before repatriation.

3. Self-sufficiency (coping): Livelihoods and Productive Labor

"Women used to work a day in the garden."

"Now I stay at home. I'm scared to go to the garden"

– **Women focus group**

"We plant but it gets spoiled by ash fall. We go to the garden, but there's nothing to do."

– **Male focus groups**

Livelihoods and gender patterns in labor: The majority of responders rely on crops and livestock, followed by small businesses, fishing, vending and casual labor – all of which were negatively impacted and/or damaged by the eruption and mass evacuation, leaving people with no cash crops, limited income and a reduced number of livestock. Livestock released during the evacuation caused further damage to crops, with many in the community calling it a 'second disaster'.

After repatriation, all community members reported that the extensive damage to their livelihoods had affected their motivation to work and many did not know how they were going to rebuild their lives. 34% of responders said they had not made any efforts to revive their livelihoods because they do not know how and do not have the resources necessary to do so. Despite facing the same challenges, the majority of responders said that they have slowly been making efforts to revive their livelihoods. Many reported that their efforts have centered on gradually replanting crops and monitoring them to see which ones will respond positively to the new environment. The price of livestock has drastically decreased, however, as there is not enough food to feed the livestock and the community reported that they have no choice but to sell them. One woman said she fed her livestock with twigs and vines as there are no greens. The price has also dropped for handcrafts, kava and korpa because the volcanic activity has reduced the quality of the raw materials, however the community members reported that these will remain their major source of income as they have no alternative earning opportunities. For example, women and young girls are still weaving mats, but the acid rain and ash fall has affected the quality of pandanus and so they have had to reduce the price of the mats. Similarly, it was reported that the usual copra buyer has refused to source from the communities in the South because of reduced product quality, forcing the communities to source other buyers by offering a much lower price. Some young women and men reported going to Santo to find jobs and it was anticipated that this migration would increase in the coming weeks.

Women reported that they are part of a savings and loan cooperative, but many families had to use their lifesavings during the three weeks that they were in the evacuation centers. Those with resources remaining and social or family connections were said to have moved to Santo while those with less resources had no choice but to stay in the community.

“All of us had something to do in the community... but now the volcano has damaged everything. We do not have as much work as before, every store has shut or is not working as good as before.”

– **Women’s focus group**

“One of my main worries is money. Our main income revenue is copra and market, but now all crops are destroyed. I am a grade 2 teacher so I am lucky that my small salary can go to support our home’s needs.”

– **Individual storian**

Arranged marriages and adoptions: To secure social connections and a safe place to evacuate or transfer, a small number of arranged marriages and an adoption were reported across areas visited. Four arranged marriages were reported in one community, between two young women (aged 21 and 29) and two young men (aged 15 and 29). An infant was also reported to have been "given" to a family outside Ambae for the same purpose. Further research must be undertaken to confirm whether incidents of arranged marriage and adoption increased due to this emergency, and what affects such incidents have on the young men and women involved.

4. Access to Basic Services: Health, Reproductive Health and Education

"Disease has increased, red eyes, asthma, coughs, and flu" "If possible (we need) health (workers) to come to the South and give us free medication because we see a lot of different sickness. The road network is not working, so if someone in the community is sick, he could lose his life because of the bad road."

– Women's Focus Groups

Access to health after repatriation has dropped significantly due to road conditions that worsened after eruption. Many community members reported being sick or having family members ill from ash fall and acid rain (including eye sores, skin irritated, diarrhea and cough). The cases were reportedly more prevalent in the elderly and children. To cope, women reported wearing protective gear (e.g. hats, glasses) when working in the garden to help prevent ash from irritating their eyes and skin.

Before repatriation, access to basic health services was difficult, however, 76% of respondents reported that they had no access to health services after repatriation because of the impassable roads and increased cost of boat transportation in the South, particularly in isolated communities without mobile or radio signals. There is a health dispensary in some communities but these were reported to be non-functioning. Women's access to reproductive health services was reported to have decreased from 70% down to only 41% of women who are able to access these services. To cope with this overall lack of access, the community reported asking others within the community for medicine when a family member is sick. Increased stress levels and an inadequate diet were also reported and those with pre-existing health conditions, such as high blood pressure, are at very high risk of their conditioning worsening.

Education: 100% of respondents reported that it was difficult for girls and boys to return to school after repatriation and, as a result, schools have reported a lower attendance rate since repatriation. Parents and teachers reported that children do not want to go to school because they are afraid, and those who do return are displaying having problems focusing on their learning. To further compound this issue, teachers have reported that children are no longer bringing snacks with them to school due to a lack of food available. Teachers reported using play, song, dance and games to help children to understand the volcano and overcome their fear of it.

5. Emotional Wellbeing and Sense of Safety

"We don't know how long we will be able to live without money."

"The island is not safe."

- Women focus groups

Sense of safety: People across all communities reported that they do not feel safe since returning, with 76% of responders rating their sense of safety as 4, 'not safe' (the rating scale is from 1 to 5, 1 being very safe and 5 very unsafe). There is fear of the volcano, ash fall and acid rain, a loss of their sense of belonging, and uncertainty over what to do after repatriation. People worry about the shortage of water, food and income for school fees, and the lack of access to basic services such as health and education. Women are particularly worried about food, water and ash fall impacts.

Emotionally, children, elderly, persons with disability were reported to experience more stress because of their lack of income earning opportunities, as well as their immobility. Men are reportedly more mobile than women and girls, as the females reported traveling only in groups due to their fears of the volcano. According to the women focus groups, children are crying more frequently after repatriation. Mothers have reportedly been providing extra emotional support to their children, reassuring them when they are scared. The Southern community members reported the young men are consuming more alcohol than before the evacuation as a way of coping with the increased stress and uncertainty.

Gender-based violence, domestic violence and child abuse: 35% of community members said they have observed that domestic violence has increased after repatriation, mostly in verbal, physical and emotional forms. Nearly half of the community members also observed that child abuse increased after repatriation, mostly in verbal, physical and emotional forms. Most respondents said that they know where to go to deal with such cases, with the majority of people listing the chief and police as their first point of call in the case of domestic violence. In the case of child abuse, organizations such as Save the Children and Vanuatu Women’s Centre were listed as key referral points, followed by family and relatives, and pastors. A focus group with men in one community said that they had observed that domestic violence occurs more in bigger families that have a lower income and lack adequate resources, such as food and water, to feed their family.

“We get angry with our wives because now we have lots of work in the home.”

“Some of time I was shouting at my children because they weren’t washing the food before eating.”

– **Male focus group**

6. Vulnerable Groups

“My mother (who has a disability) is very afraid and wants us to move.”

– **Individual storian**

“Most decisions over family resources are made by husbands or men. As for mothers, they are responsible for house work. Fathers, as head of household, have daily work that most fathers do: gardening, livelihood, income jobs, attending meetings etc.”

– **Male interview respondent**

Vulnerable groups: The survey identified the elderly, persons with disabilities, children and pregnant women as the most vulnerable groups within the communities because of their limited mobility, their lack of social and other important resources (e.g. income and assets), and their susceptibility to illness. An example was shared of a person with an orthopedic disability who had to wait for the military and government evacuation team to help him evacuate during the emergency as his neighbors did not assist him. This man reported that his access to nutritious food, while always poor, has worsened since the evacuation due to his isolation.

Men, who are generally considered community leaders in traditional and church structures, were reported to represent their family in community gatherings and discussions and have more decision making power at the household and community level. Women were reported to be more likely to provide community labor at community gatherings such as cooking but have less space than men to voice their concerns and participate publicly. This decision making power also extends to livelihoods and assets, with nearly all respondents in interviews and focus groups reporting that husbands make more decisions on livelihoods and assets. Therefore women, with less assets, influence and participation in community decisions, were reported to have greater vulnerability to disasters because they do not have the space to communicate their needs or the needs of other vulnerable people within their family (e.g. children, elderly and people with disability) or the ability to use financial resources to meet those needs.

7. Recommendations

- Urgent health and nutrition assessment needs to be conducted on pregnant and lactating mothers, and infants, in response to the nutrition deficiencies that were report by P&LW from this subsequent action to address these issues must be taken.
- Information on current and planned government support post-repatriation should be provided, including volcano scenarios and contingency plans to support communities to make informed decisions at the household level to increase their preparedness and ability to adapt.
- Urgent information and advice for communities on water safety and how to revive their gardens and crops (e.g. what, where to plant and how to protect their gardens from ash and acid rain) should be provided.
- It should be ensured that support provided by the government and different actors is equitably provided and distributed. The support provided should be responsive to the different needs of vulnerable groups, including people with disability, pregnant and lactating women, the elderly and children.
- There is a need for regular medical missions in the geographically isolated and disadvantaged communities in the South to help respond to current health needs. An emergency vehicle should be provided to increase access to the nearest available health service.