Laetem Dak Kona:
Gender-Equitable and Disability-Inclusive WASH in Vanuatu

Photo: Elissa Webster

Gender, disability, social inclusion, political and economic analysis

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Definitions

Assistive Technology	Assistive technology is an umbrella term covering the systems and services related to the delivery of assistive devices, products and services. Assistive products maintain or improve an individual's functioning and independence, thereby promoting their well-being. Hearing aids, wheelchairs, communication aids, spectacles, prostheses, walking sticks and crutches are all examples of assistive products.[1]
Continence	The ability to control one's defecation and urination.
Continence Management	Strategies used to manage incontinence, for example behaviour changes, exercises and use of equipment such as pads and catheters.
Disability	People with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.[2]
Disability Inclusion	Disability inclusion is both a process and an outcome. The purpose of disability inclusion is to realize an inclusive society that values diversity and engages people with disabilities as participating members of society with equal rights. A disability inclusive approach brings the perspective of people with diverse disabilities into all elements of national and community development, and assesses and strengthens institutions, policies and programs so that they better take into account, and positively impact on, the lives of people with disabilities.
Disabled People's Organisation	An organisation in which 50% or more of board members, employees and volunteers are people with disabilities, and which focuses its efforts primarily on advocacy for the rights of people with disabilities.
Empowerment	Empowerment is the sum total of changes needed for a person to realise their full human rights: the combined effect of changes in personal aspirations and capabilities, the environment that influences or dictates individual choices, and the interactions engaged in each day.
Gender	The socially learned roles and responsibilities assigned to women and men, girls and boys in a given culture and in the societal structures that support these roles[3]. All people absorb their culture's expectations of how women and men should act, think, relate to others, and what they can aspire to in life. Because gender is created by human societies, it can be changed by human societies.[4]
Gender Based Violence (GBV)	Defined as any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females.[5] It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life.[6]
Gender Equality	An equal sharing of power between males and females and their equal access to education, health, protection, employment, equal pay for work of equal value, and equal representation. It entails the same status, rights and responsibilities for both males and females.[7]
Gender Equity	Fairness of treatment for men and women according to their respective needs, which may include equal treatment, or treatment that is different but which is considered equivalent in terms of rights, benefits, obligations, and opportunities. Gender equity can lead to gender equality.
Gender Mainstreaming	Mainstreaming a gender perspective is the process of assessing implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making women's and men's as well as girls' and boys' concerns and experiences an integral dimension of design, implementation,

	monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and girls, men and boys can benefit equally and that inequality is not perpetuated. The ultimate goal of gender mainstreaming is to achieve gender equality.[8]
Gender Transformative Approaches	This refers to program approaches or activities that seek to build equitable social norms and structures in addition to individual gender-equitable behaviour. CARE does gender transformative work by focusing on two approaches: women's empowerment and men's engagement.[9]
Impairment	Impairments are problems in body function or structure, such as a significant deviation or loss. Impairments can be measured on a five point scale, the degree of the impairment of function or structure (no impairment, mild, moderate, severe and complete).[10]
Menstrual Hygiene Management (MHM)	Women and adolescent girls using a clean menstrual management material to absorb or collect blood that can be changed in privacy as often as necessary for the duration of the menstruation period, using soap and water for washing the body as required, and having access to facilities to dispose of used menstrual management materials'.[11]
Sexual Exploitation and Abuse (SEA)	A common acronym in the humanitarian world referring to acts of sexual exploitation and sexual abuse committed by United Nations, Non-Government Organisation, and inter-governments personnel against the affected population.[12]
Transformation	Is both a process - *something that can be done* - and an *outcome* that can be achieved by doing things differently. Transformative process is required in order to foster meaningful inclusion of the marginalised in mainstream activities and decisions; genuinely listening to new voices in itself can create deep, fundamental change. The greater levels of voice and influence by the oppressed or marginalised disrupts and alters the mainstream. Thus, a cycle of transformation is set in train.[13]
Transformative Practice	Is an explicit intention to transform unequal power relations. This goes beyond improving the *condition* of the lives of women and other marginalised groups; it seeks to improve their social *position* (how they are valued in society) as well as the full realisation of their rights. It actively promotes redistribution and sharing of power and control over decision-making, resources and benefits. It expects to be dynamic, as it will require adaptation to the changes in power relations it achieves over time.[14]
Violence against Women (VAW)	The United Nations Declaration on the Elimination of Violence against Women[15] (1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (Article 1).
Women's empowerment	Women's empowerment is an essential component of gender equality – the latter cannot be achieved without the former – and it too implies a desired goal (an 'empowered woman'). CARE's framework[16] for understanding is that multiple factors make up disempowerment and inequality, and therefore multi-dimensional solutions are required to address them.

Acronyms

ASG	Assistant Secretary General
CAVAW	Committee Against Violence Against Women
CDCCC	Community Disaster and Climate Change Committee
CEDAW	Convention on the Elimination of Discrimination against Women
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
CVA	Citizens Voice in Action
DoW	Department of Water
DPO	Disabled People's Organisation
DWA	Department of Women's Affairs
GBV	Gender Based Violence
GSI	Gender and Social Inclusion
LDK	Laetem Dak Kona
LGBTIQ	Lesbian, Gay, Bisexual, Transexual, Intersex and Queer
MHM	Menstrual Hygiene Management
NGO	Non-Government Organisation
SADD	Sex and Age Disaggregated Data
SEA	Sexual Exploitation and Abuse
SG	Secretary General
SOGIE	Sexual Orientation, Gender Identity and Expression
TAG / TAC	Technical Advisory Group / Technical Advisory Committee
VAW	Violence Against Women
VCSDN	Vanuatu Civil Society Disability Network
VDPA	Vanuatu Disability Promotion and Advocacy Association
VSPD	Vanuatu Society for People with disabilities
VWC	Vanuatu Women's Centre
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WVV	World Vision Vanuatu

Executive Summary

Introduction

This analysis was conducted between April and May 2018 as part of the design process for World Vision Vanuatu's Water for Women project, *Laetem Dak Kona*. It seeks to present findings of a study regarding access to Water, Sanitation and Hygiene (WASH) for people with disabilities and women, and recommendations to inform the project design. This analysis was developed following a desk review of literature, a series of key informant interviews and two workshops held in Port Vila in April and May 2018, with a range of stakeholders from national, provincial and communities in Vanuatu. The following summarises the contextual background, key findings and recommendations.

Contextual Background

Vanuatu's *National Sustainable Development Plan 2016 - 2030*,[17] known as *Vanuatu 2030: The Peoples Plan*, formalises a national commitment to disability inclusion and gender equality through multiple objectives and indicators, which are organised around three main pillars: Society, Environment and Economy. Economy Objective 2.2 mandates the importance of disability inclusive and gender equitable Water, Sanitation and Hygiene (WASH): *Ensure all people have reliable access to safe drinking water and sanitation infrastructure*.

However, people with disabilities and women in Vanuatu continue to face inequalities in social, cultural, economic and political spheres of life. Vanuatu is a highly traditional society, with customary beliefs (referred to as '*kastom'* in Bislama), practices, values and structures (including traditional governance) dominating community life.[18] There are limits to women's participation in decision-making at all levels, which results in policies and practices that do not account for their particular needs and priorities, and result in inequalities. The risk of violence against women underpins day-to-day life.

People with disabilities are believed to comprise between five and twelve per cent of Vanuatu's population, and are more disadvantaged than others.[19] People with disabilities are far less likely to have attended primary school than those without disabilities, and are more likely to be in the lowest and next-to-lowest household wealth quintile.[20] Commonly reported barriers to participation include stigma, accessibility of the built environment, accessible information, literacy and numeracy, transport, and lack of specific disability support services such as sign language and assistive technology including mobility devices.

People with disabilities and women face many inequalities in accessing safe water, sanitation and hygiene (WASH) facilities, services and practices. While policies exist to support equal access to WASH, implementation has been limited, and the rights and priorities of women and people with disabilities have generally not been considered in practices. Women, people with disabilities and people of diverse sexual orientation and gender identity and expression are typically excluded from national, provincial and community level committees and decision-making structures.[21] Over-protectiveness can result in people with disabilities being kept at home "for their own safety", preventing participation. Sometimes people with disabilities remain at home because their families believe that their participation might create a burden for others. As a result, provincial and national governments and non-government organisations often do not know where people with disabilities are, and what their specific priorities are, which can result in service planning which excludes their needs.

At the household level**,** women are rarely involved in family and community decision-making, despite women traditionally managing water, sanitation, family health and childcare.[22] The barriers to participation experienced by people with disabilities, in particular stigma and discrimination, are likely to result in limited power over decision making at the household and community level.

Women and people with disabilities regularly experience barriers to accessing economic empowerment opportunities. These can include confidence, low community recognition of their ability, limited financial literacy and a lack of specific work skills. Where women with and without disabilities have limited engagement in decision making regarding the use of household income, this can result in limited access to soap, menstrual hygiene management (MHM) and continence products, which impacts on hygiene and health.

Taboos around menstruation can inhibit women and girls' full participation in daily life. Many girls opt out of school when they have their period, because they lack tools to manage their menstruation and/or lack confidence to continue normal participation in daily activities, including sports.[23] Challenges include a lack of information of menstruation and inadequate WASH facilities in schools and public places.[24] Male attitudes towards menstruation can be an additional barrier to effective menstrual hygiene management.[25] Women with disabilities, especially wheelchair users, frequently have specific menstrual hygiene management needs which are overlooked.

People with disabilities require an accessible built environment to enable access to WASH facilities. This can also benefit older people. People with particular disabilities frequently require access to specific assistive technology to enable safe, hygienic independent toileting. Availability of assistive technology is limited in Vanuatu, especially in rural areas. Caregivers can provide much needed support to people with disabilities as they undertake their activities of daily living, such as showering and toileting. However, caregivers receive little or no training and support. Their caregiving role can mean they are missing paid work opportunities, and may foster resentment. People with disabilities, particularly those with physical disabilities, frequently experience continence management issues, as do older people, and women who have birthed babies. However, continence management strategies such as adult diapers and urine container can be costly, and provoke negative reactions from others, which discourages their use.

Deaf and hard of hearing people, and those with intellectual or communication disabilities may require alternative communication methods to enable them to learn and understand safe and hygienic WASH processes such as handwashing. Low educational attainment, and subsequent limited literacy, further exacerbates the challenges faced by people with disabilities in accessing information about safe and hygienic WASH.

Violence can impact significantly on the access of women and girls, and in some cases boys and men, to adequate water, sanitation and hygiene. Where toileting and bathing facilities are located some distance from the home, women and girls regularly face harassment when accessing these. Given the '*tabu*' around defecation and menstruation, women and girls often prefer to go to the toilet or use bathing units under the cover of darkness.[26] This risk of violence extends to people of diverse sexual orientation and gender identity and expression who may experience bullying and sexual violence when accessing toilets.[27] Household disputes can occur between men and women regarding water collection responsibilities and water usage.

Gender and WASH

Women and girls make up 49% of the population of Vanuatu.[28] Vanuatu can be characterized as a patriarchal society (although there are matrilineal societies in some northern and central islands) in which women continue to face, at times severe inequalities in all spheres of life: social, cultural, economic and political. It is a highly traditional society, with customary beliefs, practices, values and structures (including traditional governance) dominating community life.[29]

At the national level, the Vanuatu Government is making efforts to redress these inequities. The *Constitution of Vanuatu*[30] incorporates non-discrimination on the grounds of sex in Article 5(1).[31] The *National Gender Equality Policy 2015-2019*[32] identifies gender mainstreaming as a whole of government priority.

Vanuatu's *National Water Strategy 2008-2018*[33] states that it will contribute to the realisation of *Convention on the Elimination of Discrimination Against Women* commitments by promoting improved representation of women in decision making forums and empowering women through education in water decisions. The strategy promotes community management of water resources and proposes women's representation on local water committees, with a role in planning and managing water resources.[34]

The Ministry of Health's *Health Sector Strategy 2017-2020*[35] includes some dedicated action for pregnant women and victims of violence. Domestic violence is a criminal act under the *2008 Family Protection Act.*[36] This makes provision for survivors to seek police intervention and protection orders and the police force has a Family Protection Unit. Recruitment and training of authorised persons and registered counsellors is needed to facilitate the nationwide implementation of the Act.[37]

In terms of coordinating gender and WASH actions, the *Gender and Protection Cluster*[38] was established in 2014 and works to influence all other national Clusters including the WASH Cluster. Whilst the Gender and Protection Cluster is primarily responsible for coordinating humanitarian response action, being the only national body focussed in this area, it is also called upon for broader non-humanitarian sectoral efforts.

Disability and WASH

People with disabilities are believed to comprise between five and twelve per cent of Vanuatu's population, and are generally understood to be more disadvantaged than others.[39] The 2009 census found that disability is strongly correlated with age, and to a lesser extent, with living in a rural area. Children with disabilities are far less likely to attend primary school than those without disabilities, and to a greater extent, secondary school. People with disabilities are more likely to be in the lowest and next-to-lowest household wealth quintile; and while people with disabilities are equally likely to take part in productive, income-generating activities as those without disabilities, they are less likely to be employed outside the home.[40]

Despite many gains, ni-Vanuatu with disabilities continue to experience barriers to participation.[41] These include: attitudes and stigma; accessibility of the built environment; accessible information; literacy and numeracy; transport; lack of capacity to support inclusion; and lack of specific disability support services.

Vanuatu has made efforts to address these barriers, including the establishment of a Disability Desk within the Ministry of Justice and Community Services as the Government of Vanuatu's disability coordination agency, and of Provincial Community Services Officers in Malampa and Shefa provinces, who focus on provincial-level coordination of disability initiatives. A national Disabled People's Organisation (DPO) advocates for the rights of all people with disabilities.

The *National Disability Inclusive Development Policy 2018 – 2025* outlines eight key areas for action. These seek to achieve the policy goal, which is to "ensure persons with disabilities enjoy their right to participate effectively in all areas of development in Vanuatu, on an equal basis with others",[42] and include a mandate to include the priorities of people with disabilities in WASH policies and practices.

In the WASH sector, however, the rights of people with disabilities are less recognised. The *Vanuatu National Water Strategy 2008 – 2018* makes no mention of people with disabilities, or the importance of inclusive approaches.[43] While the *Vanuatu Health Sector Strategy 2017 – 2020* references the importance of utilising a disability inclusive approach as a principle, its activities are limited to provision of services to people who now experience disability as a result of non-communicable diseases.[44]

Findings

Policies

- Robust disability and gender-specific policies exist. While the priorities of women have been considered in WASH-sector specific policies, those of people with disabilities, including women with disabilities, have not been considered or mainstreamed.
- Policy formation has been strong, but implementation has lagged.
- Little is known by provincial and national governments and non-government organisations about people with disabilities, including their location and specific priorities. This can result in policy and service planning which excludes them.

WASH Decision-Making and Governance

- Women, young girls and boys, people with disabilities and people of diverse Sexual Orientation, Gender Identity and Expression (SOGIE) are typically excluded from national, provincial and community level committees and decision-making structures, except where there are concerted efforts made to promote their inclusion.[45]
- Involvement of women in community level WASH activities including WASH management is low, which is an issue given that women are the main users of water and are often the primary caregivers for people with disabilities.[46]
- At a household level**,** gender indicators show that women in Vanuatu society are rarely involved in family and community decision-making, despite women traditionally managing water, sanitation, family health and childcare.[47]
- The barriers to participation experienced by people with disabilities, in particular stigma and discrimination, are likely to result in people with disabilities experiencing limited participation and power in decision making at the household and community level.

Access to safe, accessible WASH facilities and services

- A lack of income is a barrier to women with and without disabilities accessing soap and menstrual hygiene management (MHM) products. This may be linked to barriers to accessing economic empowerment opportunities experienced by women, including confidence, low

community recognition of the ability of women, limited financial literacy and a lack of specific work skills.

- WASH could potentially offer economic opportunities for women with and without disabilities, for example through the production and sale of reusable sanitary pads. Value chain analysis is required in order to understand the availability and sources of materials, and opportunities for marketing products.
- People with disabilities are faced with a range of factors which can prevent or facilitate their access to WASH. Attitudes are fundamental to the inclusion of people with disabilities. Where these are negative, they can lead to stigma and discrimination, which can result in people with disabilities using toilets only at night, and controlling their food and liquid intake in order to limit toilet visits. This can be unhealthy and unsafe.
- Family attitudes have particular resonance. Where families are fearful for their family member with disabilities, they may be over-protective, which can result in people with disabilities being kept at home "for their own safety", preventing participation. Similarly, people with disabilities may remain at home because their families believe that their participation might create a burden for others.
- An accessible built environment is essential, particularly for people with mobility disabilities or vision impairment, but also for older people. WASH facilities, including pathways to and from these, must incorporate accessible features such as wide doorways, ramps, adequate space and light inside, and fittings installed at the correct height, in order to be useable by people with a range of impairments.
- People with particular disabilities frequently require access to specific assistive technology to enable safe, hygienic independent toileting. For example, people with mobility difficulties may require access to adult diapers or equipment to help them move on and off the toilet. Others will require access to a wheelchair or crutches to enable them to move from the home to the bathroom. Assistive technology needs differ according to the individual. Where assistive technology is not available, or not affordable, this creates difficulty for the person with disability, and may increase the load on caregivers.
- Fewer opportunities to earn money, combined with the heightened cost of having a disability, result in reduced individual and household wealth. Lack of access to money, combined with limited power to influence household decision-making regarding how money is spent, can result in lack of access to continence and menstrual hygiene aids.
- Caregivers can provide much needed support to people with disabilities as they undertake their activities of daily living, such as showering and toileting. However, caregivers receive little to no education and support. Their caregiving role can mean they are missing paid work opportunities, and may result in resentment and conflict.
- Deaf and hard of hearing people, and those with intellectual or communication disabilities may require alternative communication methods to enable them to learn and understand safe and hygienic WASH processes such as handwashing. Low educational attainment, and subsequent limited literacy, further exacerbates the challenges faced by people with disabilities in accessing information about safe and hygienic WASH.
- Access to WASH is fundamental: it can enable or prevent participation in other areas of life, including school, training and paid work. This is also exacerbated by transport – where transport is inaccessible, people with disabilities do not leave the home.

Menstrual Hygiene Management

- Taboos around menstruation can inhibit the full participation of women and girls, both with and without disabilities, in daily life.

- Many girls opt out of school when they have their period, because they lack tools to manage their menstruation and/or lack confidence to continue normal participation in daily activities, including sports.[48]
- Challenges include a lack of information on menstruation, inadequate and inaccessible WASH facilities in schools and public places including non-functioning accessible toilets and showers, unclean and poorly maintained facilities lacking in privacy, lack of toilet paper, lack of safe disposal options for used sanitary items, and a lack of soap and water for handwashing and personal hygiene - including washing of re-usable materials, where relevant.[49]
- Male attitudes towards menstruation can be an additional barrier to effective menstrual hygiene management. This can include teasing/harassment by boys, which may contribute to feelings of humiliation and embarrassment, and potentially absenteeism from school.[50]
- The menstrual hygiene management needs of those with serious physical disabilities (notably wheelchair users) are commonly overlooked.

Violence Against Women

- Violence can impact significantly on the access of women and girls, and in some cases boys and men, to adequate water, sanitation and hygiene.
- Women and girls regularly face harassment when going to the toilet or bathing facilities. Given the '*tabu*' around defecation and menstruation and lack of privacy, women and girls often prefer to go to the toilet or use bathing units under the cover of darkness. Walking to remote locations or using WASH facilities after dark puts women, girls and boys at risk of harassment, sexual assault and rape.[51] This risk of violence extends to people of diverse sexual orientation and gender identity and expression who experience bullying and sexual violence when accessing toilets.[52]
- When women and children must queue for extended time periods at water points, this can result in conflict with other service users, or punishment for their late return home.[53]
- Household disputes can occur between men and women regarding water collection responsibilities and water usage.
- Violence against women is also linked with income; where women do not have a voice in household decision-making over household expenditure, tensions can arise and family violence can result.
- Women and girls with disabilities experience an even higher risk of physical and sexual abuse.

Continence Management

- People with disabilities, particularly those with physical disabilities, frequently experience continence management issues, as do older people, and women who have birthed babies.
- Continence management strategies such as adult diapers and urine container can be costly, and provoke negative reactions from others, which discourages their use.
- Unmanaged incontinence can result in people who experience continence issues living separately, and/or staying at home instead of participating in their communities.
- Access to assistive technology can make a difference, however access to a range of devices is usually not available to people, especially those living in rural areas.
- Talking about continence issues can be '*tabu'*, which means that people who experience continence issues tend to do so in silence. It is common that people with continence issues manage these by controlling their intake of food and beverages to limit the need to toilet; this can have an impact on health.

Engaging men

- Engaging and working with men helps to create more space for women to engage in decision-making bodies as well as participate in community WASH activities. Working with men and boys leads to fewer cases of violence, better health for women and children, and higher household incomes.[54] This engagement includes involving men in community level trainings, menstruation awareness and general gender training. There are already some programs in Vanuatu using this approach including the Vanuatu Women Centre's Male Advocacy Program which encourages men and boys to reflect upon and question their attitudes and assumptions towards women and gender roles and supports men to become positive, anti-violence role models within their communities.[55] CARE International in Vanuatu is engaging men and boys in its '*Leftemup Sista'* program with the belief that change can only happen when whole communities are working to break down stereotypes and challenge social norms. This includes working with men and boys in both its *Family Financial Management* training and its *Good Relationships Free From Violence* training.[56] World Vision in Vanuatu is engaging male faith leaders, community leaders and police staff in their GBV prevention program *Channels of Hope.*[57]

Towards transformation

As noted in the Water for Women Fund Coordinator's draft GSI Strategy *Towards Transformation: Water for Women's Gender and Social Inclusion Strategy and Action Plan 2018-2019,* the Water for Women Fund Coordinator's GSI approach will be underpinned by the *Towards Transformation in WASH Continuum*.

CARE[58] (2015) states that gender-transformative approaches aim to move beyond individual self-improvement among women and toward transforming the power dynamics and structures that serve to reinforce gendered inequalities. A gender-transformative approach to development goes beyond the "symptoms" of gender inequality to address "the social norms, attitudes, behaviours, and social systems that underlie them". Transformative change can be measured by examining three broad domains of empowerment:

- **Agency**: individual and collective capacities (knowledge and skills), attitudes, critical reflection, assets, actions, and access to services
- **Relations**: the expectations and cooperative or negotiation dynamics embedded within relationships between people in the home, market, community, and groups and organizations
- **Structures**: the informal and formal institutional rules that govern collective, individual and institutional practices, such as environment, social norms, recognition and status

CARE also outlines a gender continuum[59] that could be adapted for people with disabilities and people of diverse SOGIE and applied to the Laetem Dak Kona project.

World Vision

Gender harmful	• Approaches take advantage of rigid gender norms and existing imbalances in power to achieve program objectives. Inequitable gender stereotypes are reinforced or some groups are disempowered in the process of achieving program goals.
Gender Neutral	• Program approaches or activities do not actively address gender stereotypes and discrimination. While these approaches at least do no harm, they often are less than effective because they fail to respond to gender-specific needs.
Gender Sensitive	• Approaches acknowledge the role of gender norms and inequities and adjust to and often compensate for them. These activities can improve women's (or men's) access program/project benefits but do little to change the root of gender inequities; they are not sufficient to fundamentally alter the balance of power in gender relations.
Gender Responsive	• Explicit recognition is given to gender differences, norms and relations and their importance to program/project outcomes. Approaches help men and women examine societal gender expectations, stereotypes, and discrimination.
Gender Transformative	• Approaches actively strive to examine, challenge, and change rigid gender norms and imbalance of power as a means of reaching outcomes as well as gender equity objectives. Programs/projects seek to build equitable social norms and structures in addition to individual gender equitable behavior.

World Vision have a variety of programs and each one would be at a different place on the gender transformative continuum. World Vision Vanuatu currently implement some existing projects that are gender sensitive (see definition in above figure) and some that seek to be transformative (e.g. 'Channels of Hope'). However there does not seem to be consistency in or sharing of approaches between different project teams. When it comes to disability inclusion, current programs are 'neutral' if referring to the above definitions. However World Vision Vanuatu staff are highly committed to working with a more transformative approach, and Laetem Dak Kona provides a great opportunity to enable this.

World Vision Vanuatu is committed to ensuring that all their projects adopt a transformative approach and accept the need for internal organisational assessments which examine current policy and practice as well as current capacity of staff.

Recommendations

Recommendations are presented according to the outcomes presented in the Laetem Dak Kona theory of change.

End of project outcome 1:	**People with disabilities and women** are actively participating in community life & governance
Recommendations:	
1.1 Adopt a program approach which ensures that all project activities are conducted with a gender and disability transformative lens. This will support women, people with disabilities and people of diverse SOGIE to journey from 'increased voice' to 'empowerment' to 'transformation'. This approach should include strategies on engaging men noting that they are key partners and allies in ensuring transformation for these groups.	
1.2 Conduct a localised gender and disability stakeholder and power analysis as a foundation to project activities. This analysis to be conducted using an adapted CARE International Social Analysis and Action approach.[60]	
1.3 Work with community-level governance committees to strengthen inclusion (representation and participation) of the voices of women and people with disabilities.	
1.4 Work with community-level governance committees to lead community-level education regarding safe, accessible hygiene and sanitation that considers the priorities of women with and without disabilities, and the barriers that prevent this. Implement education in accessible formats that considers the communication needs of all.	
1.5 Work with the national DPO and the Vanuatu Women's Centre to establish and train local women's groups and affiliate DPOs to raise awareness of the rights of women with and without disabilities to inclusive WASH (including menstrual hygiene and continence management) in the community. Training to include rights of women and people with disabilities under Vanuatu law & international conventions.	
1.6 Support community members with and without disabilities, including DPOs and women's groups, to strengthen inclusive WASH advocacy skills and advocate for inclusive WASH systems, using World Vision's Citizens' Voice in Action approach, through community forums and champions at the provincial and national level	
1.7 Establish community based mechanisms for improved training and support for caregivers.	

1.8 Establish a strategy for improving access to appropriate menstrual hygiene and continence management products and assistive technology, considering opportunities for models of production and supply of those which support economic empowerment of women with and without disabilities. Begin by conducting research on current management practices, attitudes and beliefs regarding menstruation and incontinence, including access to & appropriateness of menstrual hygiene and continence management products and assistive technology.

1.9 Utilise inclusive approaches to build appropriate, accessible WASH facilities in households, including promoting and incentivising communities to develop accessible WASH facilities tailored to individuals within their own communities which can be promoted at a provincial and national level.

1.10 Map formal (counselling, health services, police) and informal (chief, church, women's groups) community referral services for disability, violence and health services, and partner with existing service providers to train staff and others in making referrals to appropriate services.

End of project outcome 2:	**Government at national level** committed to develop inclusive WASH policies & standards & at **Torba & Sanma provincial level** creating inclusive WASH facilities

Recommendations:

2.1 In collaboration with key government and non-government stakeholders, conduct a survey in Sanma and Torba provinces to understand the location, needs and priorities of women, people with disabilities, their caregivers and families, in regard to access to WASH, including current practices, enablers and barriers for menstruation hygiene management, continence management and other WASH areas for women with and without disabilities. Disseminate survey findings in an accessible way to key stakeholders at provincial and national levels.

2.2 Strengthen the understanding of and commitment to disability inclusive WASH amongst key national level stakeholders, including the Department of Water, MJCS incorporating the Department of Women's Affairs, the Disability Desk and civil society partners, and support the development of inclusive WASH standards.

End of project outcome 3:	**Community, provincial, national & international stakeholders** are using new knowledge & effective transformative practices identified & developed within the project

Recommendations:

3.1 Develop and implement a strategy to communicate findings and effective transformative practices to key stakeholders at all levels, and influence their uptake of these

3.2 Develop and implement a monitoring and evaluation system which seeks to effectively measure uptake of transformative practices for key stakeholders at all levels.

End of project outcome 4:	**World Vision Vanuatu** adopts a "stik faea" approach, becoming catalysts for change and modelling gender equality and disability inclusion at all levels.

Recommendations:

4.1 Model good practices and transformative approaches and implement rigorous reflection strategies to enable learning from these to be identified and communicated with key stakeholders.

4.2 World Vision Vanuatu and its staff role model action, reflection and learning regarding gender and disability transformative approaches. This includes identifying organizational strengths and

gaps, developing an action plan, partnering and receiving training from existing NGOs and others on gender, gender-based violence (GBV), SOGIE, and disability and conducting regular reflective practice which informs adaptive programming.

Vanuatu Context: Gender, Disability and WASH

Vanuatu's ***National Sustainable Development Plan 2016 - 2030***,[61] known as ***Vanuatu 2030: The Peoples Plan***, formalises a national commitment to disability inclusion and gender equality through multiple objectives and indicators, which are organised around three main pillars: Society, Environment and Economy. Notable examples include the following:

- Society 2.1: Ensure every child, regardless of gender, location, educational needs or circumstances has access to the education system;
- Society 3.1 Ensure that the population of Vanuatu has equitable access to affordable, quality health care through the fair distribution of facilities that are suitably resourced and equipped;
- Society 4.3: Empower and support persons with disabilities;
- Society 4.5: Ensure all people, including persons with disabilities, have access to government services, buildings, and public spaces;
- Society 5.1 Ensure all people have timely and equitable access to independent, well-resourced justice institutions;
- Economy 1: A stable and prosperous economy, encouraging trade, investment and providing economic opportunities for all members of society throughout Vanuatu;
- Economy 2.2: Ensure all people have reliable access to safe drinking water and sanitation infrastructure;
- Economy 2.3: Ensure that all public infrastructure, including health, education and sports facilities are safe, accessible, secure and maintained in compliance with building codes and standards;
- Economy 2.6: Provide equitable and affordable access to efficient transport in rural and urban areas;
- Economy 4.5: Increase the number of decent, productive employment opportunities, particularly for young women and men and persons with disabilities.

The ***National Sustainable Development Plan*** recognises its foundation in a healthy society, environment and economy, with social inclusion as a central component. In the plan, the government commits to: implementing gender responsive planning and budgeting processes; supporting and protecting children and young people; eliminating all forms of violence and discrimination against women, children and vulnerable groups; and empowering and supporting people with disabilities. Further, the government is developing monitoring and evaluation frameworks to track the extent of gender mainstreaming in policy and strategies, and to track how well different sectors account for vulnerable groups[62].

Gender

Women and girls make up 49% of the population of Vanuatu (2009 census). However, despite policy and programming to promote gender equality and women's empowerment, women and girls in Vanuatu are marginalized from **decision making** and **leadership** at all levels, have poor health and education outcomes, are prevented from making decisions regarding their own bodies, have limited access to productive assets, and are vulnerable to violence committed by men.[63]

Vanuatu can be characterized as a patriarchal society (although there are some matrilineal societies in some northern and central islands) in which women continue to face, at times severe inequalities

in all spheres of life: social, cultural, economic and political. It is a highly traditional society, with customary beliefs (referred to as '*kastom'* in Bislama), practices, values and structures (including traditional governance) dominating community life.[64] *Kastom* is overseen by male chiefs in public forums for decision-making which women do not frequent (*nakamal*), and is a system that often prioritises community harmony and family relations over individual women's interests.[65] Vanuatu's population is incredibly diverse with different language groups operating within different social structures.[66] Consequently, '*kastom'* itself is diverse with varying impacts for women and girls.[67]

Vanuatu's constitution recognises customary law but does not provide guidance on precedence when there are conflicting judgments. Interpretation of '*kastom'* is often in opposition to women's rights and interests.[68]

Policy, Governance and Decision making[69]

At a **national level** the Vanuatu Government is making efforts to redress these inequities. The *Constitution of Vanuatu*[70] incorporates non-discrimination on the grounds of sex in Article 5(1).[71] Vanuatu is a signatory to the *United Nations (UN) Convention on the Elimination of Discrimination against Women (CEDAW).*[72] CEDAW Article 14 obliges Vanuatu to accord rural women equal rights with men to enjoy adequate living conditions including water supply, housing and sanitation.[73]

The *National Gender Equality Policy 2015-2019*[74] identifies gender mainstreaming as a whole of government priority. To this end, the government commits to conducting gender analysis in the design, implementation and evaluation of all its policies, projects and budgets, and removing discriminatory provisions within existing legislation. It also commits to collecting and analysing sex and age disaggregated (SAAD) data for assessments and projects. The Gender Equality Policy does not however have any mention of people of a different Sexual Orientations and Gender Identities and/or Gender Expressions (SOGIE).

Vanuatu's *National Water Strategy 2008-2018*[75] states that it will contribute to the realisation of CEDAW commitments by promoting improved representation of women in decision making forums and empowering women through education in water decisions. The strategy promotes community management of water resources and proposes women's representation on local water committees with a role in planning and managing the resource.[76]

The Ministry of Health's *Health Sector Strategy 2017-2020*[77] contains some dedicated action for pregnant women and victims of violence, but does not indicate any gendered outcomes.

Domestic violence has been made a criminal act under the *2008 Family Protection Act.*[78] This makes provision for survivors to seek police intervention and protection orders and the police force has a Family Protection Unit. Recruitment and training of authorised persons and registered counsellors is needed to facilitate the nationwide implementation of the Act.[79]

In terms of coordinating gender and WASH actions, the *Gender and Protection Cluster*[80] was established in 2014 and works to influence all other national Clusters including the WASH Cluster. The Gender and Protection Cluster is led by the Ministry of Justice and Community Services (MJCS) through the Department of Women's Affairs (DWA) and is co-led by CARE International and Save the Children. The Cluster works to mainstream gender and protection issues across all cluster sectors, in preparation for and response to emergencies. It seeks to build knowledge and understanding of gender and protection issues in country through advocacy, provision of technical advice, capacity strengthening and information sharing. Since its inception, it has: developed a gender and protection rapid assessment form; developed guidelines and key messages on mainstreaming gender and protection

across other cluster plans and activities (e.g. WASH[81], food security and agriculture); developed gender and protection pre-departure briefing packs for assessment teams; and provided national gender and protection training in partnership with UN Women.

At the **Provincial Level,** Technical Advisory Groups or Committees (TAG, TAC) govern the province. These are comprised of representatives of line departments e.g. Department of Water (DoW) and DWA, and are led by the Secretary General (SG) and Assistant Secretary General (ASG) of the Province. Area Council Secretaries report to the SG and the SG reports to the Department of Local Authorities. Women's representation in these roles is almost non-existent, with male SGs currently engaged in all 6 Provinces. Line department provincial representatives are generally male with the exception of those working for the DWA.

Women, young girls and boys, people with disabilities and people of diverse gender identity and sexuality are typically excluded from **community level** committees and decision-making meetings, except where there are concerted efforts made to promote their inclusion.[82] Involvement of women in community level WASH activities including WASH management is low which is an issue given that women are the main users of water and are often the primary caregiver for people with disabilities.[83] Analysis of water census data reveals that women remain under-represented in community level water committees, comprising only 16 per cent of the membership, and only half of the committees have women in key posts.[84] Toilet location and design needs to provide protection for women and girls, and be accessible for people with disabilities,[85] however these designs are not the norm at the community level and therefore further marginalise these groups.

At a **household level,** men are frequently seen as the household 'head' and decision maker while women's gender roles dictate responsibility for the domestic sphere - food shopping, preparation, cooking, cleaning, laundry, child rearing and gardening.[86] Gender indicators show that women in Vanuatu society are rarely involved in family and community decision making, despite women traditionally managing water, sanitation, family health and childcare.[87]

Women and WASH

Ni-Vanuatu women and girls have a cultural and active role in water management and provision for households. Reductions in water quantity and quality increases their work burden. They may be required to dig more water holes or travel further distances to collect clean water. Travelling longer distances increases protection risks for women and girls, who may be subject to male violence en-route. Moreover, carrying water is very labour intensive and can exert a heavy toll on women's and girls' bodies. Relatedly, the spread of water-borne diseases can further increase work for women, who are the primary family caregivers.[88]

Menstrual Hygiene Management

Menstrual Hygiene Management (MHM) is an issue that is of growing interest for WASH practitioners, with many identifying a diverse range of taboos around menstruation across the Pacific, many of which inhibit women and girls' full participation in daily life. When effective MHM is in place, women and girls can actively participate and engage in all aspects of life – work, school and public spheres – with dignity and confidence.[89] In Vanuatu, many girls opt out of school when they have their period, because of lack of tools to manage their menstruation and/or lack of confidence to continue normal participation in daily activities, including sports.[90]

The Last Taboo: research on Menstrual Hygiene Management in the Pacific[91] (2017) found that adolescent girls and women face a number of challenges that influence their ability to manage menstruation effectively and with dignity; these challenges interact, and have the potential to

negatively influence physical and emotional health, participation at school, work and in the community, and impact on the environment. The research noted that common beliefs and attitudes around menstruation being "dirty" create needless stigma for menstruating women and girls. This stigma makes it more difficult to manage menstruation, contributes to some unwanted behavioural restrictions, and can negatively impact on emotional well-being. A lack of information of menstruation was cited as a challenge as was inadequate WASH facilities in schools and public places. This includes non-functioning toilets and showers, unclean and poorly maintained facilities lacking in privacy, lack of toilet paper, lack of safe disposal options for used sanitary items, and a lack of soap and water for handwashing and personal hygiene - including washing of re-usable materials, where relevant. Inadequate WASH facilities contribute to unhygienic menstrual management practices (such as improper disposal of used materials) or extended (uncomfortable) delays in changing materials.

The research also cited male attitudes towards menstruation can be an additional barrier to effective MHM. This can include teasing/harassment by boys, contributing to feelings of humiliation and embarrassment, and potentially absenteeism from school.

The research also noted that the access needs of those with serious physical disabilities (notably wheelchair users) are commonly overlooked.

Recently in Vanuatu, a few projects have been established to focus on this area. These include microenterprises such as Mamma's Laef[92] dedicated to the manufacture of re-usable sanitary pads. Mamma's Laef also provide community level awareness on MHM and have commenced working in partnership with agencies such as CARE International[93] and Live and Learn Vanuatu in order to expand their reach. CARE International has also produced a short film called 'Nomo Fraet'[94] to highlight the issue of MHM for girls in schools. Live & Learn has been working with the Ministry of Education to mainstream MHM topics in school 'Lifeskills' curriculum.

Violence Against Women (VAW)

Women and girls in Vanuatu society experience high levels of marginalisation and discrimination. Social and cultural norms frequently grant men extensive control over female behaviour, deny the rights of women and girls, privilege male roles in power and decision making at all levels of society, and accept violence as a way to resolve conflict.[95] Men committing violence against women is a serious development issue in Vanuatu. Prevailing views of gender inequality and lack of rights for women are the root cause of violence against women and girls.[96]

The Vanuatu Women's Centre is the sole agency in Vanuatu providing support to survivors of violence through the provision of direct crisis support, counselling, legal assistance and temporary accommodation. It has a centre in Port Vila, three branches on Sanma, Tafea and Torba, and operates a network of 37 *Committees Against Violence Against Women* (CAVAWs) across all six provinces.[97] The aims of the CAVAWs are to protect women and children by seeking justice, help resolve situations of violence against women, and to prevent violence through awareness-raising activities.

In 2009, the Vanuatu Women's Centre conducted a nationwide population based study[98] using a standardised World Health Organization (WHO) methodology to enable comparison in multi-country studies. The survey found prevalence rates of violence against women among the highest in the world, where the methodology has been used. Violence against women and girls was present in all provinces and islands, among all age groups, education levels, socio economic groups and religions, although higher in rural (63%) than urban (50%) areas.[99] Male family members and boyfriends were the most common perpetrators.[100] Family conflict and violence matters are often mediated by customary and

church leaders.[101] Anecdotal evidence suggests that frequently these leaders, predominantly men, condone the violence.[102]

Of those who had been injured through domestic violence, 21% retained a permanent disability. Women and girls with disabilities are an even higher risk of physical and sexual abuse.[103]

Whilst there is limited data on violence against women and WASH in Vanuatu, it is known that violence can impact significantly on the access of women and girls and in some cases boys and men, to adequate water, sanitation and hygiene. Where WASH facilities are located away from the home, girls and women regularly face harassment when going to the toilet or bathing facilities, and may delay drinking and eating in order to wait until nightfall to relieve themselves. Given the '*tabu*' around defecation and menstruation and the frequent lack of privacy, women and girls, may prefer to go to the toilet or use bathing units under the cover of darkness. Women, girls and boys may have to walk long distances to collect water or to find water to do their laundry in. Walking to remote locations or using WASH facilities after dark puts women, girls and boys at risk of harassment, sexual assault and rape. Additional challenges include situations in which women and children have to queue for extended time periods at water points facing fights with other service users, or face punishment for their late return home.[104]

Women and livelihoods

Women account for 36% of total paid members of the formal employment sector, and form 39% of the non-agricultural workforce. Approximately 28% of unpaid subsistence workers are female. When it comes to paid employment, a larger proportion of men are employees (29%) compared to women (23%). More men are self-employed (7%) than women (5%) and more are employers (2%) than women (1%).[105]

Women's and girls' engagement in livelihoods are hampered by prevailing gender norms and roles that, for example, limit their access to finance or productive assets. Women have little decision-making rights over whether land can be used for productive purposes, whether it can be mortgaged to obtain loans, or whether it can be leased.[106] Gender roles also assign women and girls responsibility for household and caring duties that reduce the time women and girls have for pursuing economic (as well as educational and recreational) activities.[107] For instance, women and girls conduct the bulk of unpaid work (80%), which men contribute less to (20%).[108]

People of Diverse Sexual Orientation and Gender Identity and Expression

In Vanuatu there is limited cultural recognition of gender diverse people.[109] In 2011, Vanuatu signed the United Nations joint statement on ending acts of violence and related human rights violations based on sexual orientation and gender identity. However, discrimination continues to be common for people of diverse Sexual Orientation and Gender Identity and Expression (SOGIE).

Moreover, there is a high risk of violence associated with "coming out" in communities.[110] While there is one small organisation in Vanuatu, VPride Foundation, which supports people of SOGIE, there is little recognition of this population at the community level. At a Pacific Human Rights Conference in 2015[111], Vanuatu delegates noted that there is a public perception that sexual orientation and gender identity issues were essentially a western phenomenon. There are efforts to educate the public about issues and concerns for this population group, e.g. through the Vanuatu television series, *Love Patrol,* which raises awareness of HIV and related issues. However, this remains a largely invisible group.[112]

Disability

People with disabilities are believed to comprise between five and twelve per cent of Vanuatu's population,[113] [114] and are generally understood to be more disadvantaged than others. The most recent census (2009) found the following:[115]

- Disability is strongly correlated with age, and to a lesser extent, with living in a rural area;
- Seeing and hearing are most problematic for men whereas for women, it is seeing and walking;
- Children with disabilities are far less likely to attend primary school than those without disabilities, and to a greater extent, secondary school;
- Persons with disabilities are more likely to be in the lowest and next-to-lowest household wealth quintile; and
- While persons with disabilities are equally likely to take part in productive, income-generating activities as persons without disabilities, they are less likely to be employed outside the home.

A Disability Analysis undertaken by the Vanuatu Skills Partnership, an initiative funded by the Government of Australia and implemented in collaboration with the Government of Vanuatu, found that despite many gains, ni-Vanuatu with disabilities continue to experience barriers to participation.[116] These include:

- **Attitudes and Stigma**: Negative attitudes regarding the capabilities of people with disabilities exist, and stigma associated with disability persists. In addition, many families of people with disabilities are extremely protective. These factors can prevent participation, and limit the confidence and independence of people with disabilities.

- **Accessibility of the built environment:** Accessible infrastructure is an essential facilitator of inclusion. Buildings, transport, road infrastructure and public toilets must be accessible so that people with limited mobility are able to achieve their goals. The built environment in Vanuatu is frequently inaccessible.

- **Accessible information**: People with disabilities require information in a variety of accessible formats – for example people with low vision require large print, and people with intellectual disabilities may benefit from picture formats and plain language – as well as in the official languages of Vanuatu (Bislama, French and English). Research regarding the experiences of people with disabilities during and after Tropical Cyclone Pam found that people with disabilities experienced limited access to information about the impending disaster and evacuation options, disproportionately increasing their risk of injury.[117]

- **Literacy and numeracy**: People with disabilities experience limited literacy and numeracy skills, which result from poorer attendance at school.[118] This presents a major barrier to participation in work.

- **Transport**: People with disabilities frequently report that access to affordable transport is a major barrier to participation. Transport options such as buses often charge a wheelchair user double (for the person and their assistive device). This is a major barrier given, compared to people without disabilities, people with disabilities and their families are disproportionately poor.[119]

- **Lack of capacity to support inclusion:** Service providers are frequently unaware that their policies and practices present barriers to people with disabilities, and require training and support to understand these, and develop strategies for addressing them.

- **Lack of specific disability supports**, such as sign language and access to mobility devices, prevent the participation of people with specific impairments. The absence of a national sign language, and the means to learn it, impact greatly on the inclusion of deaf people across Vanuatu.[120] Similarly, limited access to services providing mobility devices outside of Port Vila prevents participation of people with physical impairments.

Policy, Governance and Decision Making

Vanuatu has made efforts to reverse these trends, under the auspices of the *National Disability Policy 2008 – 2015*, including the establishment of a Disability Desk within the Ministry of Justice and Community Services (MJCS) as the Government of Vanuatu's disability coordination agency, and of Provincial Disability Coordination Officers in Malampa and Shefa provinces.

Vanuatu signed the *Convention on the Rights of Persons with Disabilities* (CRPD) on 17th May 2007, becoming the first Pacific Island Country to do so, and ratified in 2008. As such, Vanuatu is obliged to adopt legislation and administrative measures to protect and promote the human rights of persons with disabilities through disability inclusive policies and programs.

Vanuatu's *National Disability Inclusive Development Policy 2018 – 2025* operationalises the intentions of the *CRPD* and the *National Sustainable Development Plan, Vanuatu 2030: The People's Plan*, which aspires to a peaceful, just and inclusive Vanuatu. As the Plan points out, this cannot be achieved without people with disabilities.

The *National Disability Inclusive Development Policy 2018 – 2025* outlines eight key areas for action. These seek to achieve the policy goal, which is to "ensure persons with disabilities enjoy their right to participate effectively in all areas of development in Vanuatu, on an equal basis with others",[121] and include:

1. Mainstreaming the rights of people with disabilities across the following priority sectors:
    a. Education and training
    b. Health
    c. Disaster risk reduction and climate change
    d. Economic empowerment
    e. Justice
    f. Water sanitation and hygiene (WASH) and
    g. Social opportunities,
2. Disability specific services,
3. Leadership and representation,
4. Disability statistics,
5. Coordination and resourcing,
6. Accessibility,
7. Awareness, and
8. Women and girls with disabilities.

The incorporation of these goals and objectives within Vanuatu's national guiding development framework, which is Vanuatu's expression of how it will achieve the *Sustainable Development Goals*, is an indicator of Government of Vanuatu's serious intentions towards disability inclusion. Further,

these provide clear directions to all stakeholders: development efforts in Vanuatu must be disability inclusive.

In line with these overarching commitments, the education and training sectors have made policy level commitments to disability inclusive education and training, through the *National Disability Inclusion Policy for the Technical and Vocational Education and Training (TVET) Sector 2016 – 2020* and the *Inclusive Education Policy and Strategic Plan 2010-2020. The Post-School Education and Training Policy 2016 – 2020* identifies "inclusion" as a core principle.

The *Vanuatu Mental Health Policy and Strategic Plan 2016 – 2020* specifies actions to improve mental health services and progress the rights of people with mental illness across Vanuatu. A key priority is advocacy for the review of national mental health legislation ensuring universal rights realisation for people with psychosocial disabilities.

In the WASH sector, however, the rights of people with disabilities are less recognised. The *Vanuatu National Water Strategy 2008 – 2018* makes no mention of people with disabilities, or the importance of inclusive approaches.[122] While the *Vanuatu Health Sector Strategy 2017 – 2020* references the importance of utilising a disability inclusive approach as a principle, its activities are limited to people who now experience disability as a result of non-communicable diseases.[123] A *Legislative Review*, undertaken in 2016 in order to assess the compliance of Vanuatu's laws with the CRPD, found that 101 laws required amendment.[124] The resulting report outlines recommendations for this.

In terms of governance, the *Vanuatu National Disability Inclusive Development Policy 2018 - 2025* mandates that the Disability Desk at the MJCS will serve as the government focal point responsible for coordinating implementation of the policy. The policy promotes the establishment of disability-focused Provincial Community Service Officer positions in each of the provinces. Two of these exist – in Shefa and Malampa provinces. It is envisaged that these personnel will report to the Disability Desk, and will coordinate disability efforts at the provincial level, through the provision of continued support to Provincial Disability Committees.

Responsibility for the oversight of policy implementation and decision-making is held by the National Disability Committee, which provides a forum for information sharing and coordination amongst government and non-government stakeholders. The Disability Desk in currently seeking to revive this forum.

The barriers to participation experienced by people with disabilities, in particular stigma and discrimination, are likely to result in people with disabilities experiencing limited power over decision making at the household and community level. A study of the comparative experiences of people with and without disabilities following Tropical Cyclone Pam recommended that for the priorities and needs of people with disabilities to be addressed, disaster committees at the community and provincial levels must begin to include people with diverse disabilities themselves so that these priorities can be voiced.[125] Similarly, household decisions which affect the lives of people with disabilities are frequently made for them by other household members.

Civil society across Vanuatu is increasingly actively supporting disability inclusive development. Vanuatu's national Disabled People's Organisation (DPO) Vanuatu Disability Promotion and Advocacy Association (VDPA), Vanuatu Society for People with Disability (VSPD) and Rainbow Theatre are increasingly supporting mainstream partners to enable them to work in a disability inclusive way. The Vanuatu Civil Society Disability Network (VCSDN) regularly convenes disability-focussed and

mainstream civil society organisations across Vanuatu to review and progress advocacy and implementation towards strengthened disability inclusion across key priority areas.

The Australian government has been providing considerable resources for disability inclusion under the auspices of *Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia's aid program*. Australia has supported disability inclusion across several of its programs, including the Stretem Rod blong Jastis mo Sefti and Vanuatu Education Support Programs, as well as the Vanuatu Skills Partnership, to which a Disability Inclusive Development Fund grant was provided in 2016 to support implementation of the *National Disability Inclusion Policy for the TVET Sector 2016 – 2020.* This support has enabled an increase in participation of people with a diverse range of impairments in skills development, social and work opportunities, and improved accessibility and disability inclusion amongst Post-School Education and Training providers.

People with Disabilities and WASH

Minimal attention, however, has been applied to the issues people with disabilities, and specifically women with disabilities, face in accessing safe WASH facilities and practices in Vanuatu. While very little evidence exists regarding the experience of people with disabilities and their caregivers in Vanuatu, studies from other parts of the world indicate that barriers to WASH include environmental, social and institutional barriers, as well as those related to body function, for example continence and menstruation. A Malawi study found that being female, being from an urban area and having limited wealth and education were likely to increase the number and intensity of the barriers faced by an individual.[126]

UNICEF's experiences have found that inaccessible and unhygienic sanitation facilities can cause illness and injuries, as well as reducing dignity and increasing stigma.[127] Inaccessible water and sanitation facilities can mean women with disabilities defecate in poorly lit and secluded areas leading to increased risk of injuries, abuse and exploitation.[128] Even when facilities are accessible, people with disabilities and caregivers may wait until dark to use toilets or fetch water due to negative attitudes from other WASH users.[129] This can be risky.

As World Vision points out in its 2014 report *Casting the net further*, disability inclusive WASH has clear implications for health, nutrition, agriculture, education, protection, livelihoods, social participation and other aspects of life. If people with disabilities don't benefit from WASH, they are much less likely to benefit from inclusion in other areas of life, which negatively affects wellbeing and quality of life.[130]

School is a particular concern; inaccessible WASH in school and at home is a major contributing factor in why children with disabilities drop out of school.[131] Studies indicate that children with disabilities, especially girls, are often not able to attend schools because they do not have access to a toilet. Many do not eat or drink water while at school to avoid having to use the bathroom. A full day of school without access to WASH facilities is not only unsafe to a child's health, but for a girl who is menstruating, it is impossible.[132]

Similarly, limited access to WASH facilities reduces opportunities to work outside the home. Access to WASH provides opportunities for employment and self-sufficiency for people with disabilities.[133]

Information on WASH facilities, access to water, hygiene and menstrual hygiene management may not be in formats that people with disabilities and caregivers can understand. WASH supplies may not take disability into consideration, for example, no provision of potties, commodes and adapted hygiene kits for children and adolescents with bladder and/or bowel control difficulties.[134] Caregivers

have reported challenges in coping with the hygiene and menstruation of adolescent girls with disabilities in humanitarian contexts, including limited privacy in emergency shelters, posing concerns for their well-being and dignity.[135]

WASH stakeholders may make uninformed assumptions about the feasibility of inclusive and accessible WASH, such as assuming that accessible WASH infrastructure is prohibitively expensive or that working with persons with disabilities requires specialist skills.[136]

Laetem Dak Kona: Gender, Disability, Political and Economic Analysis

Introduction to Laetem Dak Kona

In 2018, World Vision Vanuatu (WVV) received funding to implement the '*Laetem Dak Kona'* project, a five year *Water for Women* initiative funded by the Government of Australia. LDK aims to achieve improved health and well-being for women and people with disabilities in Sanma and Torba provinces through access to gender-equitable and disability-inclusive WASH systems.

This project aims to go beyond gender equity, disability and social inclusion mainstreaming to transformation for women and people with disabilities. People with disabilities and women will be project staff, lead advocates in communities, and core implementing partners. As reflected in the project name, they will cast "light into dark corners" and lead similar groups to raise their own expectations, voice, and agency for removal of barriers to inclusive WASH.

Purpose

A combined gender, disability social inclusion, political and economic analysis was undertaken to inform the Laetem Dak Kona Project Design Document. The following aims were identified as the focus of this analysis:

1. To establish understanding of the relevant stakeholders, and relationships between these, in relation to access to WASH for women with and without disabilities in Vanuatu.
2. To inform development of the Laetem Dak Kona theory of change, project design and indicators.
3. To better understand the gender, disability, social inclusion, political and economic context regarding WASH in Vanuatu in order to inform recommendations regarding activities and ways of working within the Laetem Dak Kona project.

Methodology

World Vision Vanuatu, CARE Australia, and Sally Baker, an independent Disability Inclusion Advisor, worked together to develop key areas for investigation, and guiding approaches for the analysis.

The analysis involved in-country consultations incorporating two workshops, and several key informant interviews. The first workshop sought the perspectives of women, people with disabilities, including women with disabilities, caregivers, and representatives of institutions including the Government of Vanuatu and civil society. Activities included presentations, roundtable discussions, experiential exercises and power analysis activities during which the following questions were explored:

- What are the barriers to and facilitators of safe, accessible WASH for women, women with disabilities and caregivers?
- What are the barriers to and facilitators of safe, accessible MHM and continence management for women, women with disabilities and caregivers?
- What policies and practices currently support safe accessible WASH?
- Which stakeholders have decision-making power in terms of improving safe, accessible WASH at the household, community, provincial and national levels?
- What changes will improve access to safe accessible WASH for women with and without disabilities and caregivers?

The second workshop focussed on reviewing findings from the first workshop, and cross-checking these with key informants, as well as enabling an opportunity to deeply consider issues regarding access to MHM and continence management, and gender politics.

Key informant interviews were held to explore sensitive issues more deeply and privately. These issues included MHM and those affecting people of diverse SOGIE.

See Annex A for a list of contributing stakeholders.

Limitations

The limitations of this analysis include the following:

- WASH stakeholders at the national and provincial levels had limited involvement in interviews or workshops, despite having been issued invitations. This is most likely indicative of the limited number of WASH agency personnel available to participate in consultation activities. This may also be indicative of the limited experience to date of key WASH stakeholders in utilising inclusive approaches, and is suggestive of a potential risk to the project. In response, WVV staff followed up with key WASH stakeholders in the weeks following the implementation of the analysis activities, to provide information about the LDK project, and seek engagement and perspectives.
- While workshops and interviews enabled rich consultation with individual women, consultation with women's groups at the national, provincial and community levels was limited, resulting in limited information about the collective priorities and needs of women in relation to WASH. In response, WVV has made efforts to travel to Torba and Sanma provinces in order to engage with provincial and community women's groups.
- During the time of consultations, the Vanuatu Women's Centre were unavailable for input. Therefore, quantitative data on WASH related violence (e.g. whilst accessing toilets/ bathing facilities, water collection) against women with and without disabilities is currently lacking from this analysis. It is noted in the recommendations that ongoing discussions occur with the Vanuatu Women's Centre and Sanma Counselling Centre to ensure that violence related data is collected and considered and that violence prevention and referral is included in project implementation.
- Exclusion of people with disabilities from WASH policy frameworks echoes the lack of information about inclusive WASH efforts, or the impact of WASH initiatives on people, including women, with disabilities. LDK seeks to expose and meet this gap in policies and practices.

Findings

Policy

The Government of Vanuatu has a robust general policy framework, and has ratified key international conventions that seek to protect and promote the rights of people with disabilities and women to WASH, including the CRPD and CEDAW. The *National Sustainable Development Plan*, as Vanuatu's expression of the Sustainable Development Goals, progresses these commitments in a contextualised way.

Vanuatu has specific gender and disability-focussed policies, including the *Disability Inclusive Development Policy 2018 – 2025* and *National Gender Policy*, which outline the rights of women and people with disabilities, to inclusive and accessible WASH. Two public health policies (reproductive health and non-communicable diseases) also progress these rights.

Key gaps in specific policies, however, exist in those related to WASH, for example the WASH Policy and Health Sector Strategy. Standards for inclusive WASH do not exist, and sanitation policies are absent. Where policies do exist, key barriers noted by stakeholders was their lack of implementation, and accountability of government in ensuring their enactment.

Governance and Decision Making

Decision-making structures exist, however varying degrees of inclusion are evident. At the **National Government level** the Department of Rural Water Supply, Ministry of Health (in regards to sanitation) and Department of Local Authorities are the bodies that make decisions on WASH facilities and services for communities. At the **Provincial Government level,** Technical Advisory Committees (TACs) are the core decision making group. These forums are male dominated and lack adequate representation from women and people with disabilities.

At the **community level** the central key decision makers are mostly Chiefs and their councillors**,** church leaders, Water Committees and Area Council Secretaries**.** Water Committees are generally male dominated and lack representation from women and people with disabilities.

At the **household level** whilst women are considered the 'managers' of the home and have the bulk of domestic responsibilities, it is notably male figures (husbands, fathers, *'Apu'* or grandfathers) that take the lead on decisions regarding WASH facilities. Men are often the traditional landowners and therefore make the decisions. Caregivers, who are usually women, sometimes speak for people with disabilities, who may lack confidence to raise their voice.

It was generally agreed that most times, women and people with disabilities are considered or consulted in the decision-making process regarding where WASH facilities are located (water tanks, taps, wells and toilets). While this may be true at the community level, there is little evidence to indicate that this occurs at the national-level, where WASH policies and implementation efforts appear to pay little attention to women and people with disabilities.

In **civil society**, advocacy structures exist, including the Vanuatu Civil Society Disability Network, and key organisations which have an inclusion advocacy focus, including the Vanuatu Women's Centre and Vanuatu Disability Promotion and Advocacy Association. However, inclusive WASH has not been a major focus of advocacy efforts to date.

Gender

Consultations with stakeholders noted that whilst women are the biggest users of water, there is a lack of women in leadership roles and representation on decision making bodies. Whilst women may

attend community meetings there is a need for more active participation in committees rather than passive representation.

Stakeholders noted that barriers to women's participation include spouses not allowing them to participate, women having to prepare the food and cater for trainings and/or look after children which limits their availability to participate. Timing of committee meetings and training sessions and having teams of all male trainers (for WASH, plumbing and maintenance training) were also noted as barriers to women's participation.

A lack of consultation with women (including women with disabilities) regarding community WASH was identified, and funds for the maintenance of WASH facilities at the community level are reportedly generally controlled by men. Stakeholders noted, however, that additional committees frequently results in additional workload for women, and there is a need to balance the responsibilities of men and women.

Gender and the other intersecting factors experienced by an individual (e.g. age, disability, social status, marital status) can result in different issues (e.g. incontinence of older women) and thus different experiences in terms of access to resources and status. There is a need for different approaches to meet different priorities.

Women's Economic Empowerment

Stakeholders noted that lack of income is a barrier to women accessing soap and menstrual hygiene products. Barriers preventing women from accessing economic empowerment opportunities include confidence, low community recognition of the ability of women, limited financial literacy and lack of specific work skills.

Stakeholders noted that WASH could offer economic opportunities for women with and without disabilities, for example through the production and sale of reusable sanitary pads. However, value chain analysis is required in order to understand the availability and sources of materials, and opportunities for marketing products.

Engaging Men

Engaging men was highlighted as a key priority as this helps to create more space for women to engage in decision-making bodies as well as participate in community WASH activities. This engagement includes involving men in community level trainings, MHM awareness and general gender training. Working with men and boys leads to fewer cases of violence, better health for women and children, and higher household incomes.[137] Therefore working with men and boys as partners and allies and achieving their leadership and buy-in is essential to decrease gender inequality.[138] Stakeholders noted that men are a key participant in women's empowerment and should be engaged to influence the community to advocate for women. This approach is in line with World Vision Australia's position on gender equality[139], CARE's Gender Equality and Women's Voice Guidance Note[140] and CARE's Engaging Men and Boys Guidance Note.[141]

There are already some programs in Vanuatu using this approach including the Vanuatu Women Centre's Male Advocacy Program which encourages men and boys to reflect upon and question their attitudes and assumptions towards women and gender roles and supports men to become positive, anti-violence role models within their communities.[142] CARE International in Vanuatu is engaging men and boys in its '*Leftemup Sista*' program with the belief that change can only happen when whole communities are working to break down stereotypes and challenge social norms. This includes working with men and boys in both its *Family Financial Management* training and its *Good*

Relationships Free From Violence training.[143] World Vision in Vanuatu is engaging male faith leaders, community leaders and police staff in their GBV prevention program *Channels of Hope*.[144]

Violence Against Women

Safety and health risks were identified, with stakeholders noting that these are exacerbated when community toilets are located away from homes, and when toilets do not work or are unclean. Potential abuse of women when using or walking to and from toilets and bathing facilities was raised, with the distance to water sources also being a potential safety risk.

It was noted that household disputes can occur between men and women regarding water collection responsibilities and water usage. Issues can relate to perceptions of roles – where water collection is viewed as a "woman's role", men are unlikely to agree to help with this, and may drink kava instead. When women must wash dirty clothes near a clean drinking water source, this can also lead to household disputes.

Violence against women is also linked with income; where women do not have a voice in household decision-making over household expenditure, tensions can arise and family violence can result.

People of diverse sexual orientation and gender identity and expression

In terms of SOGIE representation in Vanuatu, V Pride is the only organisation active in advocating for the rights of people of diverse SOGIE. Born out of Wan Smol Bag and now supported by Oxfam, V Pride is a community-based group established in 2009 to help educate, advocate and mobilize Lesbian, Gay, Bisexual, Transexual, Intersex and Queer (LGBTIQ) people and Sex Workers in Vanuatu. Its mission is to celebrate sexual diversity in Vanuatu's cultural and Christian values. The only SOGIE specific service available to people of diverse SOGIE is an outpatient clinic at Wan Smol Bag.

Identified barriers to WASH[145] include bullying and sexual violence in schools, discrimination due to being 'different', being used as 'labourers' and being obstructed by accessing health care and justice services. These barriers lead to low attendance at school and a low economic status. A key informant recounted stories of students of diverse SOGIE waiting until after dark to use bathrooms in boarding schools due to risk of sexual violence.

Stakeholders noted that whilst Vanuatu seems to be ready to include women and men in the discussion on gender inclusion, there are additional barriers in including people of diverse SOGIE.

There is an opportunity for increased engagement in these discussions through the V Pride movement who have members in Port Vila, Santo, Ambae and Sola (and have held an event in Santo in 2017). Additionally VPride have recently secured funding to conduct SOGIE training to healthcare workers and NGOs, in partnership with University of the South Pacific and Vanuatu Womens Centre. They have also received funding and opportunities through Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine.

People with disabilities

People with disabilities are faced with a range of factors which can prevent or facilitate their access to WASH. Attitudes are fundamental to the inclusion of people with disabilities. Where these are negative, they can lead to stigma and discrimination, which can result in people with disabilities using toilets only at night, and controlling their food and liquid intake in order to limit toilet visits. This can be unsafe.

Family attitudes have particular resonance. Where families are fearful for their family member with disabilities, they may be over-protective, which can result in people with disabilities being kept at home "for their own safety", preventing participation.

An accessible built environment is essential, particularly for people with mobility disabilities or vision impairment, but also for older people. WASH facilities, including pathways to and from these, must incorporate accessible features such as wide doorways, ramps, adequate space and light inside, and fittings installed at the correct height, in order to be useable by people with a range of impairments.

People with particular disabilities frequently require access to specific assistive technology to enable safe, hygienic independent toileting. For example, people with mobility difficulties may require access to adult diapers or equipment to help them move on and off the toilet. Others will require access to a wheelchair or crutches to enable them to move from the home to the bathroom. Assistive technology needs differ according to the individual. Where assistive technology is not available, or not affordable, this creates difficulty for the person with disability, and may increase the requirement for caregiver support.

Caregivers can provide much needed support to people with disabilities as they undertake their activities of daily living, such as showering and toileting. However, caregivers receive little to no education and support. Their caregiving role can mean they are missing paid work opportunities, and may result in resentment and conflict.

Globally, people with disabilities generally experience greater poverty than others. Fewer opportunities to earn money, combined with the heightened cost of having a disability, result in reduced individual and household wealth. In Vanuatu, lack of access to money, combined with limited power to influence household decision-making regarding how money is spent, can result in lack of access to continence and MHM aids.

Deaf and hard of hearing people, and those with intellectual or communication disabilities may require alternative communication methods to enable them to learn and understand safe and hygienic WASH processes such as handwashing. A particular issue is that there is no sign language in Vanuatu. Low educational attainment, and subsequent limited literacy, further exacerbates the challenges faced by people with disabilities in accessing information about safe and hygienic WASH.

Access to WASH is fundamental: it can enable or prevent participation in other areas of life, including school, training and paid work. This is also exacerbated by transport – where transport is inaccessible, people with disabilities do not leave the home.

Menstrual Hygiene and Continence Management for Women and People with Disabilities

Menstrual Hygiene Management

'Tabu' regarding MHM (Menstrual Hygiene Management) still very much exist. In Vanuatu there is '*tabu*' around '*sikmun*' or menstruation, leading to the isolation of menstruating women (social and physical barriers). Given the *tabu* around menstruation, it was noted that women and girls (from both urban and rural areas) lack consistent and specific information in regard to menstrual hygiene management. Several methods used by women and girls to access information on menstruation were identified, including from parents, teachers, grandmothers, aunties, school and clinics. It was noted however that mothers and family members did not always have the confidence or information to discuss menstruation.

Consultations with key stakeholders indicated that women manage their menstruation differently depending on if they are living in an urban or rural area. Women from towns use sanitary pads ('stayfree'), double cloth, tampons, washable calico pads and silicone cups (available for purchase online). All these items (with the exception of the silicone cup) are readily in a majority of stores and items such as 'stayfree' are affordable.

Consultations found that women in rural areas use a range of methods to manage menstruation, including cloths and dry banana leaves, although the latter is becoming less common. Due to lack of income, accessibility and availability, products such as 'stayfree' are not widely used. Women enter an isolation hut for the duration of menstruation and use leaves until the end of their period. It was reported that women reuse household water for menstrual hygiene management purposes. Additionally it was noted that women are not allowed to handle food during menstruation as it is considered 'unhygienic' and sexual activities are postponed due to *kastom* beliefs.

When considering girls in school, it was noted that girls miss 5 days of school each month due to their menstrual cycle as well as miss out on sports activities. This is consistent with a recent study from CARE International in Vanuatu which stated that an estimated 75% of girls in Vanuatu miss up to three days of school each month because they have their period.[146] Additional issues for girls include the social stigma during menstruation "*Sometime girls when they are menstruating (if they have a leak or stain on their clothes) then boys make fun of them so they don't want to back to school. There is a need for boys to be educated on menstruation for them to understand that it's normal*" as well as lack of access to MHM resource (including 'Stayfree') and information.

Women with disabilities manage their menstruation with assistance from their caregivers and family members. During menstruation they are isolated with no family visits and are not allowed to handle food. There is limited knowledge of menstrual hygiene management and accessibility to sanitary products. Family Members (whether educated or not educated) may be unaware, or block access to information for women with disabilities. Access to menstruation products (particularly 'stayfree') for women with disabilities depends on affordability and education on how to use products.

Given that men are critical to women's empowerment[147] engaging with men around MHM was discussed**.** A men's focus group discussed beliefs and attitudes held by men around MHM which included various *tabu*s precluding women from participating in usual community life whilst menstruating (with some believing that this is out of respect for women's privacy). These include placing women in a separate house, women not being allowed to touch food or use shared plates and cups from the family house, women not allowed in the garden or to use canoes and on some islands where water is scarce (e.g. south Santo), women being expected to spend the entire time washing in the river or sea.

Other beliefs that were noted include that "*if rats come and eat the roof of the family house then it is a sign that a woman has her period and has broken tabu and stayed in the family house. Likewise if rats eat food in the garden it is a sign that a woman has her period and has broken tabu by working in the garden*".

Any information regarding women's menstrual hygiene management mostly focusses on the traditional beliefs in this area as opposed to the biological process. Some information is available (for example through health services) but some men are not interested as "*it is believed to be women's business"*. Information on MHM is only available in secondary schools (not primary) and boys might tease girls due to a lack of education around MHM.

Mamma's Laef are currently trialling a men's engagement program. Through this trial, men took then opportunity to ask other reproductive health questions including how are twins formed, why do some twins look the same, and how does a woman get cervical cancer. Men were reportedly very pleased to learn about the menstrual cycle, because they had little idea of "safe" times for intercourse, if not wanting to have a child. Other beliefs reported to Mamma's Laef included the belief that if a man does not ejaculate regularly then he could die, resulting in some women having to engage in sexual intercourse several times a day. In terms of approach, in one example, Mamma's Laef approached the Paramount Chief for permission via a presentation to him and his council. Whilst Council members were reportedly shy about the topic, the Paramount Chief was insistent that it go ahead.

Continence Management

Incontinence can be experienced by anyone. People with disabilities, particularly those with physical or mobility disabilities frequently experience continence management issues, as do older people, and women who have had several babies.

Regularly utilised continence management strategies include adult diapers and urine containers. However, these can be costly, and provoke negative reactions from others, which discourages their use. As a result, unmanaged incontinence can result in people who experience continence issues living separately, and/or staying at home instead of participating in their communities, such as attending church, going to work etc.

Access to assistive technology can make a difference, however access to a range of devices is usually not available to people, especially those living in rural areas.

Talking about continence issues can be *tabu*, which means that people who experience continence issues tend to do so in silence. It is common that people with continence issues manage these by controlling their intake of food and beverages to limit the need to toilet; this can have an impact on health.

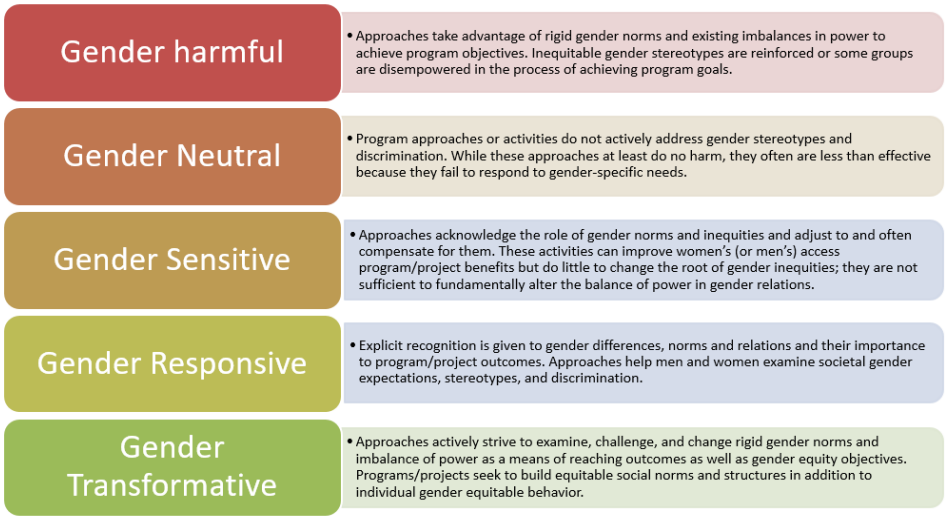
Towards transformation

As noted in the Water for Women Fund Coordinator's draft GSI Strategy *Towards Transformation: Water for Women's Gender and Social Inclusion Strategy and Action Plan 2018-2019*, a core foundation of the Water for Women Fund Coordinator's GSI approach will be the *Towards Transformation in WASH Continuum*.

CARE[148] (2015) states that gender-transformative approaches aim to move beyond individual self-improvement among women and toward transforming the power dynamics and structures that serve to reinforce gendered inequalities. A gender-transformative approach to development goes beyond the "symptoms" of gender inequality to address "the social norms, attitudes, behaviours, and social systems that underlie them". Transformative change can be measured by examining three broad domains of empowerment:

- **Agency**: individual and collective capacities (knowledge and skills), attitudes, critical reflection, assets, actions, and access to services
- **Relations**: the expectations and cooperative or negotiation dynamics embedded within relationships between people in the home, market, community, and groups and organizations
- **Structures**: the informal and formal institutional rules that govern collective, individual and institutional practices, such as environment, social norms, recognition and status

CARE also outlines a gender continuum[149] that could be adapted for people with disabilities and people of diverse SOGIE and applied to the LDK project:



World Vision Vanuatu implement a variety of projects, and each one would be at a different place on the gender transformative continuum. World Vision Vanuatu implement existing programs that are gender sensitive (see definition in above figure) and some that are looking to be transformative (e.g. 'Channels of Hope'). However, consistency in or sharing of approaches between different project teams is limited, and transformative work is limited to one project. When it comes to disability inclusion, current programs are 'neutral' if referring to the above definitions. However World Vision Vanuatu staff are highly committed to working with a more transformative approach and LDK provides a great opportunity to enable this.

World Vision Vanuatu is committed to ensuring that all projects adopt a transformative approach, and accepts that this may require internal organisational assessments which review current policy and practices, as well as current capacity of staff.

Recommendations

End of project outcome 1: **People with disabilities and women** are actively participating in community life & governance

Recommendation 1.1: Adopt a program approach which ensures that all project activities are conducted with a gender and disability transformative lens. This will support women, people with disabilities and people of diverse SOGIE to journey from 'increased voice' to 'empowerment' to 'transformation'. This approach should include strategies on engaging men noting that they are key partners and allies in ensuring transformation for these groups.

The LDK project commits to being gender and disability transformative. CARE[150] (2015) states that gender-transformative approaches aim to move beyond individual self-improvement among women and towards transforming the power dynamics and structures that serve to reinforce gendered inequalities. A gender-transformative approach to development goes beyond the "symptoms" of gender inequality to address "the social norms, attitudes, behaviours, and social systems that underlie them". This approach can also be applied to promote transformative approaches for people with disabilities and people of diverse SOGIE.

This means that LDK must actively challenge the harmful gender and disability norms that affect access to WASH and broader community life for women, people with disabilities and people of diverse SOGIE. These harmful norms include: a gender division of labour that sees women bearing the brunt of WASH-related responsibilities; a high prevalence of violence against women and girls and people of diverse SOGIE perpetrated by men and boys associated with WASH activities; inaccessible WASH facilities which prevent dignified use by people with disabilities, and the exclusion of women, people with disabilities and people of diverse SOGIE from meaningful decision making within formal and informal household and community decision making fora.

Transformative change can be measured by examining three broad domains of empowerment. For LDK these domains would be applied to women, people with disabilities, people of diverse SOGIE and any other marginalised groups:

- **Agency**: individual and collective capacities (knowledge and skills), attitudes, critical reflection, assets, actions, and access to services
- **Relations**: the expectations and cooperative or negotiation dynamics embedded within relationships between people in the home, market, community, and groups and organizations
- **Structures**: the informal and formal institutional rules that govern collective, individual and institutional practices, such as environment, social norms, recognition and status

To enable staff to adopt and implement a more transformative approach to their programming, there are some key steps that need to be taken:

1. Conduct a localised gender and disability stakeholder and power analysis as a foundation to program activities (see recommendation 1.2) in order to identify the factors and stakeholders that affect agency, relations and structures for women, people with disabilities and people of diverse SOGIE.
2. Based on findings from this analysis, identify key stakeholders and activities in which the project can engage men and boys as partners, allies and agents of change. Engagement with men and boys is essential in changing the power dynamics, structures, social norms, behaviours and attitudes that are currently a barrier for women, people with disabilities and

people with diverse SOGIE from achieving full empowerment in all areas of their lives. This approach is in line with the World Vision Australia Gender Equality Policy[151] (2017) and the World Vision Gender Based Violence Framework (2014).

3. Undertake internal capacity strengthening across World Vision Vanuatu to increase staff understanding regarding gender and disability, and the implementation of gender and disability transformative project activities *(see recommendation 3.3).*
4. Partner with local Civil Society Organisations (CSOs) *(see recommendation 1.5)* to strengthen their ability (through training and/or funding) to advocate to WASH decision makers regarding the rights of women, people with disabilities and other marginalised groups.
5. Work with community-level governance committees to strengthen their awareness of issues faced by women, people with disabilities and people of diverse SOGIE as they seek access to adequate and safe WASH facilities, and work with them to plan actions which address barriers and strengthen enablers.
6. Regularly monitor and reflect with project partners (communities, CSOs, Government stakeholders) to identify areas that require support, opportunities for learning and issues that require communication to key stakeholders *(see recommendation 3.2;* revising action plans and implementation strategies accordingly.

This approach should be adopted for the lifetime of the program with regular gender and disability refresher training being provided throughout for staff, communities, CSOS and other key stakeholders.

Recommendation 1.2: Conduct a localised gender and disability stakeholder and power analysis as a foundation to project activities. This analysis to be conducted using an adapted CARE International Social Analysis and Action approach.[152]

In order to establish a localised understanding of the enablers of and barriers to empowerment for women, people with disabilities and people of diverse SOGIE, and develop transformation strategies, a localised (i.e. at island, community level) gender and disability stakeholder and power analysis needs to be conducted. This will support the project in identifying community level agents of change and key decision makers who can support the project in achieving its goal, as well as identifying any key barriers (people, structures) to transformation. Once these 'enablers' and 'barriers' are identified and prioritised, then the project can identify ways in which to engage with these.

The CARE International Social Analysis and Action approach[153] is a proven methodology to facilitate this process with communities and therefore would be a strong tool that could be used.

Recommendation 1.3: Work with community-level governance committees to strengthen inclusion (representation and participation) of the voices of women and people with disabilities

Transformative development requires representation and participation of those seeking change in decision-making bodies and processes. Women and people with disabilities are those best placed to understand the issues that affect them. From a WASH perspective, women and people with disabilities are likely to have specific views on WASH priorities for action, the location of and accessibility requirements for WASH infrastructure, and effective methods of communicating with community members. However, these perspectives are unlikely to inform community decision making unless women and people with disabilities participate in decision-making forums. Participation and representation of women and people with disabilities in community-level governance committees will

support decision-making which enables WASH services and facilities to be tailored to needs and preferences.[154]

Support will be needed to facilitate this. Laetem Dak Kona will need to work with communities to identify opportunities for, and barriers preventing, participation by women and people with disabilities in community governance committees. Strategies will be developed to build on opportunities and overcome barriers. Awareness raising that improves community understanding of the importance of the lived experiences of women and people with disabilities will be organised. Training will be provided to women and people with disabilities to build their confidence in undertaking representative roles. Men will be actively engaged in this journey, and male role models will be identified and supported to promote inclusion messages. Efforts will go "with the grain" of local cultural norms, recognising that sustainable change is likely to occur gradually. The Laetem Dak Kona project team will reflect regularly, identify and learn from lessons, and celebrate and promote successes. This work will be undertaken in partnership with local CSOs, including DPOs and women's committees where they exist; where they are not active, Laetem Dak Kona will collaborate with VDPA and VWC.

Recommendation 1.4: Work with community-level governance committees to lead community-level education regarding safe, accessible hygiene and sanitation that considers the priorities of women and people with disabilities, and the barriers that prevent this. Implement education in accessible formats that considers the communication needs of all.

Laetem Dak Kona will work with community-level governance committees to promote understanding of the right to equal access to WASH for all, with a focus on women and people with disabilities. This will include working with existing committees including local women's groups, DPOs, Community Disaster and Climate Change Committees (CDCCCs), WASH Committees and Area Councils to assist them to deepen their understanding of the right to equitable WASH for all, and to implement awareness raising activities at the community level that support community understanding of these rights. A gender sensitive approach will be utilised, which engages men to role model inclusion. Training and awareness raising will utilise a range of modalities that reach people with diverse communication needs, eg deaf people, and people with vision impairments and intellectual disabilities.

Recommendation 1.5: Work with the national DPO and the Vanuatu Women's Centre to establish and train local women's groups and affiliate DPOs to raise awareness of the rights of women with and without disabilities to inclusive WASH (including menstrual hygiene and continence management) in the community. Training to include rights of women and people with disabilities under Vanuatu law & international conventions.

Under the CRPD and CEDAW, both of which the Government of Vanuatu has ratified, women and people with disabilities have the right to access WASH, including menstrual hygiene and continence management, on an equal basis with others. However, awareness and attainment of these rights is not always well understood or observed at community or household levels.

Laetem Dak Kona will work with VDPA and the VWC to strengthen the ability of existing local women's groups and affiliate DPOs to advocate and educate regarding the rights of all to inclusive WASH. In communities where women's groups and DPOs don't exist, Laetem Dak Kona will work with Vanuatu's national DPO, VDPA, and the Vanuatu Women's Centre to support the establishment of these. VDPA

and the VWC play a central role in advocacy for the rights of people with disabilities and women. Their mandate to perform this role is accepted at all levels in Vanuatu. Recognising the demand this collaboration will place on VDPA, which in particular is a small CSO with limited resources, LDK will consider supporting the costs of human and operational resources to enable implementation of shared objectives.

Recommendation 1.6: Support community members with and without disabilities, including DPOs and women's groups, to strengthen inclusive WASH advocacy skills and advocate for inclusive WASH systems, using World Vision's Citizens' Voice in Action approach, through community forums and champions at the provincial and national level

Citizen Voice and Action (CVA) is a local advocacy approach that helps communities engage directly with government service providers to improve the quality of the services they provide at the community level, like health or education. CVA equips communities with simple tools so they can engage in non-confrontational dialogue with their government and agree on ways of improving services.[155]

The LDK project should support the facilitation of community members with and without disabilities, including DPOs and women's groups to adopt this approach as a means for them to engage directly with service providers, to advocate for their voice to be heard and their needs be yet. This should be done following the initial phases of CARE International Social Analysis and Action approach[156] activities as this process enables community members and key stakeholders an opportunity to identify barriers and issues to be addressed.

Recommendation 1.7: Establish mechanisms for improved training and support for caregivers.

Caregiver support can be fundamental to the achievement of individual self-worth, family acceptance and community participation by people with disabilities. WASH activities, including toileting, bathing, collecting clean water, washing hands and managing menstruation are central to health, hygiene and positive self-regard.

Caregivers in Vanuatu, who are usually women, are often allocated at the household level, and frequently perform this role without training, support, financial reimbursement, reallocation of other household work or recognition. For people with disabilities, this can result in frustration, guilt, and poor health as they seek to reduce the demand on caregivers by limiting intake of food and water. Anecdotal evidence suggests that where caregivers feel valued, people with disabilities thrive and participate in family and community activities.

This recommendation seeks to create a valued, supportive and enabling environment for caregivers. This will involve the establishment of support groups in which caregivers will be able to reflect on and discuss their roles. Training will be provided for caregivers in key areas – including methods for the provision of highly personal support assistance to people with disabilities, such as menstrual hygiene and continence management. Engagement with local DPOs and women's committees will be sought to enable deeper engagement for caregivers with broader community structures. Collaboration with the local DPO will support caregivers to understand the rights-based approach, and the importance of their role in enabling participation of people with disabilities in family and community activities.

Recommendation 1.8: Establish a strategy for improving access to appropriate menstrual hygiene and continence management products and assistive technology, considering opportunities for models of production and supply of those which support economic empowerment of women with and without disabilities. Begin by conducting research on current management practices, attitudes and beliefs regarding menstruation and incontinence, including access to and appropriateness of menstrual hygiene and continence management products and assistive technology.

Access to appropriate menstrual hygiene and continence management products and assistive technology for women with and without disabilities in Vanuatu is limited. In terms of MHM, this analysis found that nascent opportunities exist for the establishment of small businesses which enable the production and supply of menstruation management products. Regarding continence management, this analysis found that while access to assistive technology such as wheelchairs and other walking aids is somewhat available to those in Port Vila and Santo, access to assistive technology that supports continence management is extremely limited across the country.

This recommendation supports the development of a specific strategy that will enable Laetem Dak Kona to contribute towards meeting these gaps. As a first step, research which explores the current reality more deeply is recommended. This would investigate current management practices, attitudes and beliefs regarding menstruation and incontinence, including access to and appropriateness of menstrual hygiene and continence management products and assistive technology. This research will be undertaken in close collaboration with the VDPA and the Vanuatu Women's Centre and will consider the experiences of women with and without disabilities, and men with disabilities, in urban, rural and remote settings, including the experiences of those living in small island communities.

This research will also investigate current national, provincial and community systems for the supply of MHM and continence management products, and explore options for the improvement of these, including the establishment of small businesses to make and sell products, market opportunities and existing collectives. This research will subsequently inform the development of a strategy to enable improved access to appropriate menstrual hygiene and continence management products and assistive technology across Vanuatu. The strategy will contain recommendations for Laetem Dak Kona, as well as for other stakeholders across the sector. The strategy will inform Laetem Dak Kona's activity implementation plan in Year 2 and beyond.

Recommendation 1.9: Utilise inclusive approaches to build appropriate, accessible WASH facilities in households, including promoting and incentivising communities to develop accessible WASH facilities tailored to individuals within their own communities which can be promoted at a provincial and national level.

Accessible toilets, handwashing facilities, and water collection points are fundamental to disability inclusive WASH. Likewise, gender sensitive toilets enable the safe use of toilets by all – regardless of gender or SOGIE status. For accessible and inclusive sanitation designs to be owned and implemented by local stakeholders, individuals and communities themselves need to be at the root of creating them.

The WASH approach should look to improve quality of life and community inclusion for people with disabilities and women by focusing on water resource management (including maintenance of water infrastructure), accessible household sanitation, and adaptation of the internationally recognised Participatory Hygiene And Sanitation Transformation (PHAST) method to improve engagement with people with disabilities as well as highlighting needs of women and people with disabilities within the

curriculum. In all of these approaches, WVV should leverage advocacy activities being conducted through the project, for example with men, DPO's, using the CVA approach, to articulate the priorities and rights of people with a disability, whilst concurrently providing education and training to enable community members, including people with disabilities and women, to remove WASH barriers for themselves.

Recommendation 1.10: Map formal (counselling, health services, police) and informal (chief, church, women's groups) community referral services for disability, violence and health services, and partner with existing service providers to train staff and others in making referrals to appropriate services.

Vanuatu has one of the highest prevalence rates of violence against women and girls globally, including intimate partner violence, rape, incest, early marriage and swapping of girls as compensation for infractions. Violence against women and girls is identified by donors as a 'major barrier to development.'[157] Therefore it can be assumed that community members engaging in the LDK project have a high chance of being survivors or perpetrators of violence.

The Vanuatu Women's Centre is the sole formal agency dedicated to the prevention and response of VAW in Vanuatu and includes the provision of crisis support, counseling, legal assistance and temporary accommodation. In addition to this formal support however, there are also informal services that are used for referral including Chiefs, churches and women's groups.

Referral services for people with disabilities are limited to the national DPO – VDPA, which provides advocacy support, and service providers including VSPD. Mainstream programs which offer their services to all, including people with disabilities, also exist, and the government coordinates disability efforts via its Disability Desk. Access to services are more difficult in rural and remote areas.

Given this context and then nature of the LDK project, it can be assumed that any LDK implementing staff working at a community level will come across individual cases that require referral – whether this is violence, disability or health related. Therefore it is recommended that the following activities are included in the inception of the LDK project:

- A mapping of formal and informal referral services for violence, health and disabilities. This is also in line with the World Vision GBV Framework (2014) which states "*Consult with beneficiaries and identify culturally adapted complaints mechanisms and available referral pathways*".
- Regularly training staff on how to manage referrals to ensure the safety, privacy and confidentiality of the individual. This can include adopting existing referral guides (e.g. Vanuatu Gender & Protection Cluster GBV Referral guide[158]) and adapting them to each individual community context based on the mapping exercise.
- Partnering with service providers (including the Vanuatu Women's Centre, VDPA and VSPD) as key stakeholders in this project to support the localisation and sustainability of project activities and the referral mechanisms they have in place.

End of project outcome 2: Government at national level committed to develop inclusive WASH policies & standards & at **Torba & Sanma provincial level** creating inclusive WASH facilities

Recommendation 2.1: In collaboration with key government and non-government stakeholders, conduct a survey in Sanma and Torba provinces to understand the location, needs and priorities of women, people with disabilities, their caregivers and families, in regard to access to WASH, including current practices, enablers and barriers for menstruation hygiene management, continence management and other WASH areas for women with and without disabilities. Disseminate survey findings in an accessible way to key stakeholders at provincial and national levels.

Stigma, discrimination and other barriers frequently result in the marginalisation of people with disabilities from community life. At times, people with disabilities might therefore become "invisible" – excluded from community processes and development initiatives. Beyond urban centres, the location of people with disabilities is frequently not known, and understanding of their needs and priorities is even less clear. Where people with disabilities have not been involved in community activities such as attending school or church, they may lack confidence to speak out about their needs and priorities.

Laetem Dak Kona is Vanuatu's first large-scale effort to address the WASH rights of people with disabilities. As such, a survey that seeks to locate people with disabilities, understand their situation, needs and priorities is recommended. This will inform activity prioritisation and implementation, and will provide valuable baseline information for future monitoring and evaluation efforts. The survey, using both quantitative and qualitative approaches, should seek to understand the location, needs and priorities of women, people with disabilities, their caregivers and families, in regard to access to WASH, including current practices, enablers and barriers for menstruation hygiene management, continence management and other WASH areas for women with and without disabilities. Particular approaches will need to be utilised to understand the situation of people with less visible disabilities – including people who are deaf, or experience intellectual and psychosocial disabilities.

It is strongly recommended that this survey be undertaken in a collaborative way, with key stakeholders including the Vanuatu National Statistics Office, the Ministry of Justice and Community Services, the Department of Water, DWA, the Gender and Protection Cluster and the national DPO. This will help build an understanding of disability inclusive research methodologies, as well as regarding the lived experiences of people with disabilities and their families, and their priorities. Dissemination of survey results will be equally important to advocacy efforts which seek to influence policy and practices at all levels, and a dissemination strategy will be developed and implemented to ensure key national, provincial and community stakeholders understand the findings, and their role in addressing gaps.

Recommendation 2.2: Strengthen the understanding of and commitment to disability inclusive WASH amongst key national level stakeholders, including the Department of Water, MJCS incorporating the Department of Women's Affairs, the Disability Desk and civil society partners, and support the development of inclusive WASH standards.

The path to WASH transformation requires working with those 'structures' and 'duty bearers' who have influence over decisions, policies, standards and practices that have a direct impact women, people with disabilities and people of diverse SOGIE. World Vision's Citizen Voice and Action (CVA)

approach can help with building key relations, support the government and communities to better understand policies and rights, and is a good approach to embed gender and disability messaging into WASH decision-making processes at all levels.

However before this can happen, an increase in the basic understanding of the WASH barriers that women, people with disabilities and people of diverse SOGIE face in their daily lives is needed. The first component of this should be to undertake a baseline study that identifies the current WASH situation for women, people with disabilities and people of diverse SOGIE in the areas in which LDK would like to work. The survey should cover WASH in peoples daily lives including menstrual hygiene and continence management. This survey requires a collaborative approach with key stakeholders, and results of this survey should be communicated to at all levels through a variety of mediums.

Following this, there are a selection of activities that could be implemented for the life of the project including the following:

- Establish an LDK steering committee that brings key stakeholders together regularly to review and guide project efforts and directions
- Seek to undertake activities in collaboration with key stakeholders as much as possible
- Support the engagement of provincial level officers to provide guidance and demonstrate ownership of the LDK project locally
- Lead workshops on WASH, gender and disability
- Facilitate exposure visits for Government and CSO partners to the communities in which LDK will be working
- Support a 'storian tour' where community members visit key Government and CSO partners at provincial and national level to tell the story of their daily lives
- Develop media materials that can be showcased at key events

Targets for these activities should include Government partners at local level (such as Area Council Secretaries), and from various departments (Department of Rural Water Supply, Department of Women's Affairs, Disability Desk, Department of Local Authorities) at provincial and national levels.

End of project outcome 3: Community, provincial, national & international stakeholders are using new knowledge & effective practices identified & developed within the project

Recommendation 3.1: Develop and implement a strategy to communicate findings and effective transformative practices to key stakeholders at all levels, and influence their uptake of these

The LDK project will produce many findings on inclusive WASH through its various activities, notably the survey which will be implemented in year 1. Changes to WASH policies and processes require engagement of government and civil society in LDK's implementation, and ownership of its mandate.

A communication strategy is required to enable strategic dissemination of findings from LDK's various research and development initiatives, such that key findings and messages reach people with influence. Findings from reflections (see recommendation 3.2) should be documented and communicated using a variety of media tools including reports, case studies, video stories and social media. Targets for each communication should be clearly identified (e.g. national Government, donors, CSO partners, communities) and the communication tool and message adapted for each.

As well as guiding communication regarding key messages, the strategy must also guide engagement with champions at national provincial and community levels, who can promote and influence change. Similarly, this approach may seek to build coalitions with like-minded entities, for example the VCSDN, which can work with WVV to influence the national, provincial and community agenda.

Recommendation 3.2: Develop and implement a monitoring and evaluation system which seeks to effectively measure uptake of transformative practices for key stakeholders at all levels

Monitoring behaviour changes related to gender and social inclusion remains a complex, nuanced, and challenging endeavour. CARE has developed a process to establish a common gender-indicator framework for measuring, monitoring, and encouraging processes of gender-related behaviour change among men and women inspired by Outcome Mapping. Outcome Mapping is an approach that recognizes that complex social change is the result of the incremental actions of many individual actors. It is recommended that World Vision Vanuatu work with a monitoring and evaluation specialist to develop an approach similar to the Outcome Mapping framework to measure elements such as empowerment, and increased voice and agency.

End of project outcome 4: World Vision Vanuatu adopts a "stik faea" approach, becoming catalysts for change and modelling gender equality and disability inclusion at all levels.

Recommendation 4.1: Model good practices and transformative approaches, and implement rigorous reflection strategies to enable learning from these to be identified and communicated with key stakeholders.

The LDK project provides an opportunity to model and document transformative practices which can inform and influence key stakeholders in Vanuatu, the Pacific and beyond. Therefore, the successes of this project need to be captured and documented in order to be able to communicate these lessons and use them to influence.

This can be done using a variety of reflection methodologies including internal reflections, community reflections (using and adapting existing tools[159]) and reflections with provincial and national partners and stakeholders. A steering committee structure can be used to guide this at the national level. Reflection should be built into annual work plans, with clear approaches guiding how lessons will be incorporated and programming adapted, and achievements celebrated. Each reflection should have a clear purpose, be facilitated with methodologies that are inclusive of women, people with disabilities and people of diverse SOGIE and be documented.

It is recommended that time to reflect on gender, disability and social inclusion efforts be included in the WVV Senior Management Team annual planning event in order to take stock of the implementation of the organisational action plan recommended below and update any specific actions that need to be taken at a senior management level.

Recommendation 4.2: World Vision Vanuatu and its staff role model action, reflection and learning regarding gender and disability transformative approaches. This includes identifying organizational strengths and gaps, developing an action plan, partnering and receiving training from existing NGOs and others on gender, gender-based violence (GBV), SOGIE, and disability and conducting regular reflective practice which informs adaptive programming

World Vision Vanuatu staff need to have the skills, beliefs, policies and processes in place to scaffold the implementation of a transformative program approach. This will enable them to be key agents of change not only in the geographic areas in which the LDK project will be implemented, but also in their own homes and communities.

The World Vision Gender Framework for Action (2014) outlines a number of organisational areas in order to 'Strengthen organisational commitment and capacity'. These could form the foundation of an organisational strengthening approach and be adapted to be more inclusive of people with disabilities and people of diverse SOGIE. The Framework includes the following areas:

- Leaders demonstrate their support, leadership, and commitment towards gender equality
- Staff possess relevant technical skills to integrate gender equality in programming
- Organizational policies reflect concern for equality in career development opportunities, compensation and benefits practices
- Increased gender balance in leadership roles at all levels
- Gender sensitive organizational culture is promoted
- Proportion of women in leadership increases
- Gender equality is reflected in compensation among staff in comparable positions
- Gender analysis is included across national strategies

Suggested steps and activities required in order to enable for World Vision staff to role model action, reflection and learning regarding gender and disability transformative approaches include the following:

- Conduct an organisational assessment which identifies the current knowledge, approach, practice, policies and staff composition within World Vision Vanuatu. From this assessment an Action Plan should be developed which will lead the organisation to achieve transformative practice. This action plan should include areas for capacity strengthening of both project and operations staff, as well as a review of all internal policies under WVV control (noting some

policies are globally set by WV International) to ensure that they are gender and disability inclusive.

- Provision of gender and disability training to World Vision staff. A curriculum for the inception training should be developed by CARE, World Vision and the World Vision Vanuatu Disability Advisor which should equip staff with both the technical skills and personal attitudes, beliefs and behaviours for gender transformation and disability inclusion. This includes training in basic gender and disability concepts and skills to enable staff to effectively deliver a gender and disability transformative project. This training should commence early in the implementation phase, with in-country training and then follow-up training at agreed critical points of the project and ongoing mentoring for key staff. Resources from which training modules could draw upon include the CARE International Social Analysis and Action manual[160], CARE Vanuatu Gender & Protection training for CSOs and World Vision Channels of Hope resources.
- Subsequent training, or certain training modules could be provided by in-country partners including Vanuatu Women's Centre, VSPD, VDPA and V-Pride.
- Regular internal reflection exercises should be conducted to track staff understanding, challenges and successes with implementing gender and disability transformative action. These reflections should be documented to track the journey of key staff and used as a learning tool for other key stakeholders in Vanuatu, the Pacific and across the Water for Women Fund program.

Annex A: Contributing Stakeholders

CARE Vanuatu

Live and Learn Vanuatu

Mamma's Laef

Motivation Australia

Oceania Swimming Association

Oxfam – Vanuatu Civil Society Disability Network

Rainbow Disability Theatre

Sanma Provincial Government

Vanuatu Council of Churches

Vanuatu Disability Promotion and Advocacy Association

Vanuatu Ministry of Health

Vanuatu Ministry of Justice and Community Services – Department of Women's Affairs

Vanuatu Ministry of Justice and Community Services – Disability Desk

Vanuatu National Statistics Office

Vanuatu Skills Partnership

Vanuatu Society for People with Disability

V-Pride

World Vision Vanuatu

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