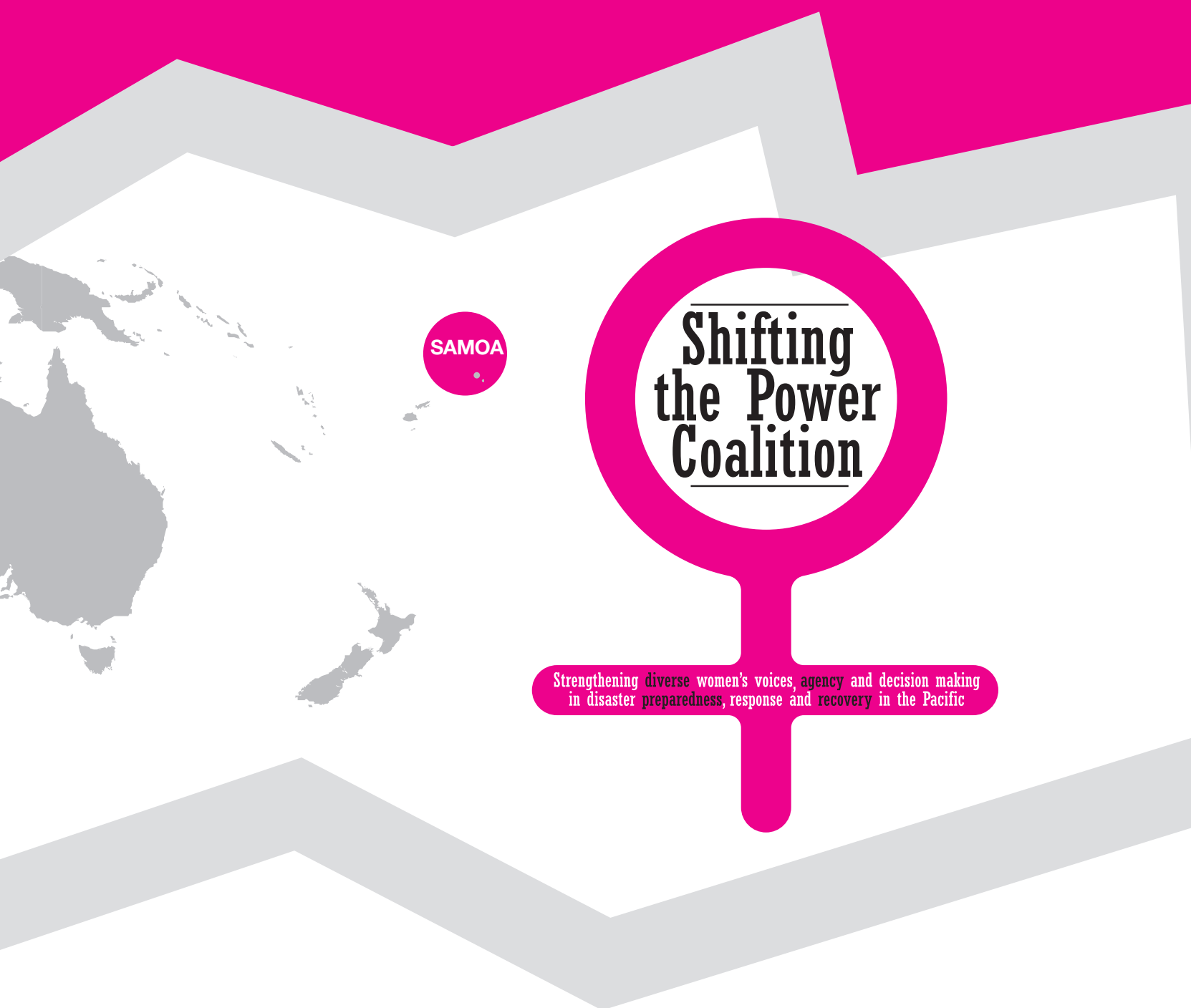


Mobilizing Women's Leadership and Solutions for Protection and Recovery in a Time of Crisis



The Shifting the Power Coalition, was formed following the aftermath of Cyclone Pam (2015) in Vanuatu and Cyclone Winston (2016) in Fiji. It is the only regional alliance of 13 women-led civil society organisations, from six Pacific Forum Members Countries, and the Pacific Disability Forum with a focus on strengthening the collective power, influence and leadership of diverse Pacific women in responding to disasters, climate change and humanitarian crises.

Since 2018, DFAT's Pacific Women Shaping Pacific Development is contributing to strengthening diverse women's leadership in humanitarian action with support to the Coalition through Shifting The Power Coalition: Strengthening Diverse Women's Leadership in Humanitarian Action. This is an important and unique link to the Pacific Leaders Gender Equality Declaration.

ActionAid Australia (AAA) has demonstrated a strategic role as an Australian based organisation committed to a feminist partnership with Coalition members to collectively realise a humanitarian and disaster management system. By supporting the Coalition's emergency grant mechanism, AAA is ensuring resources reach Coalition members and their networks during humanitarian crises, including natural disasters.



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Mobilizing Women's Leadership and Solutions

Protection and Recovery in a Time of Crisis

The Shifting the Power Coalition (StPC) recognises that gender is an important risk factor in all health emergencies and the multiple risk factors facing women are complex . There is generally increased incidence and fatalities among women due to their caring roles for sick family members, which increases their exposure to infection.

Pre-existing vulnerabilities and gender inequalities in areas such as access to healthcare, resources and information also play a role in prevention, early intervention and treatment.

Additionally gender roles, such as the work women and men perform, and the locations they spent most of their time in, influences exposure, including the nature of exposure, frequency and intensity and this needs to be analysed.

With women making up 80% of staff in the caring professions globally, this puts them at significant risk of infection as well as on the frontline of the response to health emergencies.

The StPC tracked the measles epidemic in Samoa in collaboration with the YWCA of Samoa and Le Teine Crisis Centre, monitoring the response and support for the Samoan Government from UN agencies and other governments. We identified gaps in information that are critical in ensuring a comprehensive response. Specifically, we noted the lack of gender analysis on the impact of the epidemic, including how it was increasing the burden of women's unpaid care, particularly for young women and single mothers, as well as how the measles epidemic was affecting people with disabilities and LGBTIQ community.

Measles Outbreak Timeline 2019

October 09	The Ministry of Health held a news conference in Apia to announce a suspected measles case that may be transmitted from the Auckland outbreak.
October 16	A measles epidemic was confirmed by the Government of Samoa
October 31	3 people have died from suspected measles cases since the declaration of the epidemic.
November 15	The Samoan government responded by closing all primary schools
November 29	The Samoan government closed all high schools as of 29 November
November 29	At the time more than 300 people, mostly young children, were suspected to have the viral illness.
December 09	The death toll from Samoa's measles epidemic yesterday reached 70, with 87 percent of those killed aged four years or younger.
December 12, 13	The government ordered a shutdown of the nation, to try to cope with the epidemic. Samoa's government said on Sunday it had vaccinated about 90 percent of the population.
December 15	Nearly 4700 cases of measles diagnosed since October 2019.

The StPC was unable to ascertain whether information and communication platforms were providing psychosocial support in addition to medical advice, given the trauma faced by families that lost their children. There was also an unmet need for strong protection messages to support women in their communities so that lessons could be learnt to specifically target and ensure young women or pregnant women who are a high-risk group are included in the long-term response. There was also an unmet need for strong prevention messages targeting pregnant women to ensure early measles vaccination, which is critical for limiting future outbreaks. This requires ensuring that the right message is reaching families, through appropriate and accessible channels so that they can be more vigilant about vaccinating children.

With advice from government allies, we were able to identify where the Coalition, and its local partners could add value to the response particularly for the long term prevention of future outbreaks, namely the opportunity to draw lessons from this crisis to inform young women as well as pregnant women and young mothers – an important target group - of the importance of ensuring vaccination of babies and children to prevent a further crisis.

Young Woman Leader/RN Frontliner with healthy vaccinated baby at 5months.
Photo: StPC.



Mobilizing Women's Leadership

A baseline assessment using focus group discussion methodology was conducted by the Samoa Young Women's Christian Association (YWCA)/Le Teine Crisis Centre between December 2019 and February 2020. This was supported by the StPC's Emergency Grant mechanism supported by DFAT through the Pacific Women Shaping Pacific Development Programme.

The following Key Protection Principles guided the Coalition in our engagement with the community:

- Do not cause further harm or create new risk of harm**
- Non-discriminatory access to assistance and services**
- Identify the most vulnerable and their specific needs**
- Safe and dignified access to basic services**
- Community participation and empowerment**
- Strengthen positive community protection capacities**



Respondents

There were 50 respondents of which 32 (64%) were young women aged between 18 – 30 years. Out of the total respondents 20% represented the disability and the LGBTQI community.



Priority Issues: What the Women Said

- la mautinoa e iai ni aoaoga faasoifua maloloina e agavaa uma iai tina
(Make sure we have programs for women and their health)
- la faatinoina l alalafaga ma komiti tumama ina ia faia
(Should really reinforce/bring back the Health and Safety Village Committees)
- Tausisi le malo mo ni fesoasoani faapea mo aiga nuu ma ekalesia
(Government to provide support in every way for families, communities and churches)
- Faia ni aoaoga faapitoa lava mo tina
(conduct trainings for mothers, educate all mothers on family planning)
- Faamalosia aoga mo tina talavou
(Enforce educational workshops for young teen moms)
- Fia faamalosia le asiasiga o le au tausii soifua faapea tamaitai e tausisi ile soifua manuia lautele o tina ma tamaitai
(Would appreciate constant community health visits by nurses at villages on women and girls health)
- Fia maua ni polokalme e maua ai ni fesoasoani faafuasei mo aiga aafia ise mala faalenatura
(Interests to see what the government's response to families affected by cyclones and crisis situations especially for women and girls)
- Pe mafai ele malo ona faia ni polkalame ma isi faalapopotoga e patino l mafaufau o tina ma tamaitai
(Kindly asking for more counselling programs or psychosocial support services for women and girls)
- Ole mea taua ole fia faia o polokalame tau le siosiomaga mama
(Government to provide workshops on clean and hygiene environment)

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- Fia iloa polokalame tau tausiga o fanau ma le tumama
(Programs on child-rearing skills and hygiene for all families)
 - la fai ni polokalame tau tamaitai ma le iloa ile aia tatau ile soifua manuia o tagata uma
(Human rights, women's rights and gender programs in place for those impacted)
 - Toatele le tamaitai talavou aafia ile sauaina l aiga / faia ni fuagaepe l taimi uma ma faatino le taua o le itupa o tina ma tamaitai
(many young women are sexually violated in families/Baby visits by community nurses at all villages)
 - Fia auai ini polokalame tau tina ma tamaitai l le tino, mafaufau male aia tatau
(Women, body and mental health and human rights a need to understand)
 - Ese le manaia pea faatino ele malo ni fale fai ai le fa'atalanoa o tina ma tamaitai
(Government to create spaces for women and girls only would be an advantage)
 - la faia nei loa oni polokalame mo tina maitaga
(Maternal health lessons to be provided)
 - Faia se scheme mo ni pegefiki mo tina fananau toatasi
(Strongly advise setting up a benefit scheme for young single mothers)
 - Manaia ae faia ni scheme pegefiki mo tagata tausiga (care workers) ile fale
(Strongly advise a need for benefit for the people that care for elders and children from home)

Solutions for Protection and Recovery in a Time of Crisis

Government policies and public health efforts must address the gendered impacts of disease outbreaks.

This includes:

- Providing gender analysis of any health outbreak by global health institutions or governments in affected countries or in preparedness phases;
- Preparedness and response must take into account the gendered nature of the health workforce as well as the traditional care giving role of women and girls and that pre-existing gender inequalities place them more at risk;
- Recognising the extent to which disease outbreaks affect women and men differently is a fundamental step to understanding the primary and secondary effects of a health emergency on different individuals and communities, and for creating effective, equitable policies and interventions;
- It is also essential that health responses use gender, age, disability and location (rural/urban) disaggregated data in addressing the diverse needs of women with responses addressing not only vulnerability to a disease but also the leadership roles and capacities to support the response and longer term recovery.

Information and Communication

Public health awareness messages must be targeted with specific messages reaching diverse groups through appropriate methodologies e.g. young mothers, women with disabilities etc

- Communities from rural areas must access timely and correct information in a language understood by them through various media channels. This will assist demystify the facts and prevent infection.
- Using schools for awareness raising supports young people's agency in raising awareness amongst other young people and their families.
- Ensuring targeted outreach to teenage mothers who have dropped out of school

In the Recovery phase

Recognising that the local economy will be affected by health crises, ensure that the response measures do not increase vulnerability of women and girls such as increasing their burden of unpaid care work.

- Resourcing consultations and platforms that support diverse groups of women to identify and define their priorities for the recovery phase is important, including space for young women and women with disabilities, whose needs often get overlooked in generic approaches to women.
- Associated economic stress often leads to family tensions and spikes in violence against women, it is important to ensure community-led protection mechanisms and psychosocial support systems are in place to respond to these challenges.
- Examining ways that women's unpaid care work can be reduced through increase public services or use of cash grants in health emergencies.



Recovered Measle Child with Le Teine Counselor. Photo: StPC.

Key Findings

It is clear that early intervention messages should provide clear medical advice and information:

“Ua le mautonu l auga ole misela”
(The measles disease only gave me uncertainty)

“Le malamala ile mai ole misela”
(Well I had no knowledge on measles)


“Leiloa a se mea e fai muamua”
(Didn’t know exactly what to do first)

“Le ago tele ile aafiaga ole feoi solo ma tamaiti l mea o tumutumu ai tagata”
(I didn’t care much about precautions of measles not to be in public areas)

“Tua le asiasi ole tina ile falemai, le toe faia ni asiasiga ale falemai
(It’s important to do regular visits to hospitals as there are no home visitation anymore by hospitals)

Usita’ia a tulafono masani ale falemai l tui puihui a fanau
(Taking medical advice seriously on how crucial vaccinations are for children)

There was an increased dependence on women’s traditional roles as caregivers, with increased expectation that they should also be able to manage the care for children. Women with large households are a particularly important target as during these epidemics they are trying to balance the care needs of multiple children and should be a priority for community outreach activities given the challenges of getting all children to hospital.



There is clearly a need for ongoing education programs targeting mothers around the importance of vaccinations and specific symptoms of life threatening conditions, where they should seek help, particularly as some children can still catch measles or chickenpox despite vaccination:

“Toatele tele tamaiti leiloa poo ai e faamuamua ae leai foi se tama ole aiga”
(Had too many children to care for, not knowing who to care for first, even no father to assist me)

“Na sulufai lava l isi fesoasoani latalata ile fale ua maua tala e feola ai tagata ile misela”
(I actually sought help from others recovering from measles)

“E taua lava fofo sa masani mai ai matua ae tatau foi ona vaaia foi fomai”
(our traditional roles is just as important as seeking medical advice at hospital)

“Aafia uma galuega ma nofo ai lava ile fale leai mase fesoasoani tau tupe ona o loo maitaga *(It affected my whole life in terms of employment and financial assistance as a pregnant woman)*

“Sa apalai muamua a tausi faatina ile faasusu ae vaai atu loa e lei ok a ave loa ile falemai”
(I applied my usual motherly caring until my baby got worse then I took him to the hospital straight away)

“Leai ma se fesoasoani a isi uso a tina ua tausisi a le tagata l lana tama”
(There was no support from my family as everyone had their own kids to care for in our big household)

“Tusa e faatino ma iloa lelei ma'i samoa mo le fofo ae leiloa ile misela”
(We are all aware of the usual diseases except for measles, we were shockingly unaware of how to care for kids with measles)

“Muamua iloa e taua le tui puipui ma faatoa mo tamaiti”
(I was aware of completing my children’s vaccinations)

“Pei oute tei ile matuia ole mai ma vaai lelei o fanau”
(I was shocked at how serious measles and continued on working in keeping my children’s environment to be healthy and safe for them)

Women communicated the additional burden on their daily lives both as primary and secondary care givers (i.e. grandmothers also bear the responsibility of care-giving by supporting their daughters who are young mothers)

“Pei e tele o taimi ua pei e faigaluega ile toalua lae maua ai le todogi ae aitalafu a le moe ma tausiga o tamaiti
(it’s like working for the husband and the kids without enough rest, wish there was a center I can go for a rest)

“Tina talavou ia tatau na faaoga le talavou ma mataala e sue se galuega e maua ai se todogi” *(As a young mother, I used up all my energy to work and care for kids same time it is very hard!)*

“E tatau ona iai ni alagatupe e faatino ai galuega”
(They should have been some source of income for women to care for our sick children)

“A nofo nei ile fale ua matua le aoga a, ae a alu foi faigaluega ua leai se aoga ua tiai tamaiti”
(If she stays at home she feels hopeless and when at work she feels like she has neglected her children)

“Matua le lava a le faasoa maimau pe ana maua ni penefiki e faatau ai pamper ma apa susu a tamaiti”
(There is never enough financial support for us and only wish single mothers have some benefit from a government scheme for baby support and myself)

There is clear evidence of the unfair burden of unpaid work falling on women, and the need for efforts to redistribute unpaid work more evenly within the family as well as some social protection/income support for single mothers or carers.

Targeted efforts to build the economic resilience of women will also serve as a key protective factor in future outbreaks:

“E iai le shop ma e fai le faatoaga ua faalagolago ai e gaosi le maumaga”
(We have a shop and a farm we depend on for support usually all women in this household works at the farm and our husbands sells at the market)

“Pisinisi faleofu ae tuua ai tamaiti ile tina e tausī”
(Mother works fulltime at a fashion boutique sometimes spends night there and aunty is paid to care for the kids)

“E ui lava na faigaluega ma lava le faasoa ae ole totogi foi ole babysitter matua taugata a depend a ile tina mo le support” *(My wages is not enough for our household and kids stuff and mother has to source the day care service fees)*

While many Pacific communities turn to traditional healers as well as advice from church leaders, these groups can provide a vital supportive role in crisis outbreaks and should be targeted as a key support in communities:

“Toaaga e galulue I le lotu”
(Because I’m a committed member to our church they helped me and my kids)

“Na saili fofo ile makake muamua na iloa ai le matautia ole fever ma ua maua I auga ole misela ma fautua mai loa e ave ile falemai”
(We found out from our traditional healers that our kids were developing measles symptoms and referred them to hospital straight away.)

“E le tatau ona faamoemoe tasi I taulasea ae tatau lava I tina ma tamaitai ona faamuamua le falemai e faagasolo lelei ai tui puipui o tamiti ao laiti”
(Mothers shouldn’t rely on their traditional healers and basic knowledge but seek medical advice from hospital.)

Women living in poverty who are unable to afford nutritious food for their families to stay healthy must receive special attention from social support programmes. In disease outbreaks, where this becomes critical, distributions of nutritious food items could assist in overcoming this barrier:

‘Le mafai ona faatino po ua taofia foi auala e maua ai seleni e ala l galuega taulima”
(It was impossible to have some money for support because my family depended on my handicrafts and now I had to stay home to care for the kids instead of earning income)

“Saili fesoasoani l tagata o aiga nuu ma ekalesia aemaise le malo”
(Actually sought assistance from families, village councils and church also the government)

“Aua le naunau ile tupe ae ia manumanu ile ola ole fanau”
(Priority was given to kids lives over anything)

“Faalagolago ile tama toatasi le totogi faasoa ile aiga atoa”
(Sadly had to depend on my husband as the only breadwinner for our family)

“Fai/Aai faatasi meaai ale aiga ma e leai nisi o faigaluega”
(Our house is overcrowded with unemployed people and we cook and eat together which is unhealthy because there’s not enough space for each couple to care for our own kids)

“Maua totogi tai \$120 ile vaiaso e faasoa ile aiga”
(I earn about \$120 a week and it’s for my whole family which is not enough)

“Leai nisi mea e faatau ai na o meaai ao meaai foi o saimigi ma moa e ai l aso uma ma elegi pea maua”
(Where we live we have shops that sells only noodles and cheap food which we eat everyday and hardly eat vegetables)

“E maua tupe ae le lava le faasoa I mea manaomia e le tamaititi I ana fualaa ma le tausiga o tamaiti ia latou e faigata”
(When we have money, it goes to the household and hardly for kid's health stuff)

“E le latalata ise falemai ma ni fofo samoa, tele na faamoemoe I meaai gaosi faatau mai faleoloa taugofie e fai ai meaai”
(I'm far away from community hospitals and shops therefore I buy whatever affordable food for my kids)

There is clear evidence of the reliance of women and young single mothers on male members of the household for financial support. This makes them vulnerable to exploitation. Long term recovery plans should address the development/humanitarian nexus, by developing targeted economic empowerment initiatives that will help communities move out of survival and women to reduce reliance on men as a way of building resilience to crises:

“E lafo mai lava tupe ile toalua tai \$300 ile vaiaso mo tina ma le fanau piki apu”
(I receive at least \$300 tala every week from husband in NZ picking apples to care for the whole family including his parents and siblings)

“Lelei ole iai ole pisigisi faleisigia ale aiga”
(Luckily my husband operates a mechanic workshop which my family depends)

“Faalolo ile toalua maua ai le totogi”
(I heavily depend on my husband for support)

“E fasimanu le toalua I nz ma lafo mai ai tai NZ\$100 I vaiaso uma ma e le mafai na tau ai galuega o loo faatino ile vaaiga o tamaiti”
(Mother stays home, dad sends \$100NZ a week which goes towards his loans and we can barely survive)

“Ole aiga e toatele lava ae na ole toalua e faigaluega, tele o teine e nonofo e tausii tamaiti ile fale ae ave tama e work for the money”
(Our big family has only the father and the boys that work for the money while we all stay home to look after the kids)

Several respondents mentioned that as they did not have access to cash there were delays in taking their children to the hospital; there is a need to use community health networks to deliver immunization and community awareness to support the containment of infections. Conditional cash transfers could also be a mechanism for supporting early intervention:

“Matitiva leai ni pasese e feoi ai”
(We didn’t have any money to travel to hospitals for vaccinations even though we cared for our kids at home still they got infected with measles)

Several young mothers related they experienced a level of blame from communities. Community health and rights programs should focus on addressing the stigma associated with being a single mother as well as education programs that challenge misinformation in communities about risk factors:

“Leai se fesoasoani mo tina nofotoatasi”
(There is no support for single mothers)

“Tumau faiga fa’avae tiute faaletina, faamama mafutaga I luma ole Atua”
(I believed it might be an effect of not staying married legally, too many de-facto couples)

“Taua pea taulasea aua o le isi meaalofo taua lena na foi mo le tagata”
(Traditional healing roles is a another blessing within mothers to care for the born child)

“Faatino tui puipua, toe faamalosi tiute ma matafaioi faaletina”
(Action vaccination and strengthen roles of a mother)

“Aua le faiaiga laiti teneiti”
(No teenage pregnancy is encouraged)

As several respondents referred to the deaths of children in hospitals, there is a need to ensure improved standards of hospital care and medical treatment, and to restore trust in the health system among mothers who lost children. Psycho-social support must be targeted to support mothers as well as families affected by the outbreak:

“Sa faatino lava e pei ona faasalalau mai I luga ole tv e ave ile falemai ae o lea na pisia mai ai le faamai”

(I followed the notices on tv from the hospital to bring in kids if they develop any symptoms however sadly my child got worse when infected at hospital and died)

“Leai se talitonu I fomai tausii soifua talu mai le mea na tupu I Savaii”

(I had no trust in the nurses care given the incident from Savaii)

Several respondents agreed that at times of medical emergencies the Samoa DPO should be given additional resources so that they can extend their services at the community level, working in partnership other key stakeholders:

“Ia, e tatau foi I le malo ma faalapopotoga o auala mao ao fesoasoani mo I latou ina ia tausii ma care lelei o latou moni lumanai manuia mo I latou

(Government and other organisations should set up centers for the disabilities groups because they are our citizens)

“Ia lelei le aoaoina oi latou nei I auala e malamalama ai ituaiga faamai eseese ma auala e foia ai nei faamai”

(There should be education on all families who have disability cases)

1. <https://www.immune.org.nz/hot-topic/infant-deaths-samoa-tragic-outcome-error-preparing-mmr-vaccine>

Access to Information

“Togafitiga ina la faailoa ile Malo”
((Communicate) Preventive measures for diseases to make aware all throughout the country)

“Ana leai le facebook ua iloa atu ai lapataiga o lenei faamai”
(I found out about the measles on Facebook that kids were dying so I followed through on a daily basis until I was out of data then went to nearby hospital and got all my kids vaccinated)

“Fia malamala atili I tuaiga mai ma itu tonu lava e patino ile falemai”
(Would like to understand more about the recent diseases and which section in the health ministry is responsible)

“Ese le manaia ole red campaign ile tuitui lea na fai manaia ae toe lloilo se polokame faapitoa mo tina”
(I really enjoyed the red campaign for the mass vaccinations so if government could run a similar program for women and girls would be great)

- Public Health Messages are a trustworthy platform to address some of the drivers of the health crisis.
- Respondents agreed that there should be specific messages targeting women who are indeed the primary caregivers.

- Respondents found the radio and television announcements useful and so greater investment in public service announcement formats can build greater understanding and trust in the information.
- Greater awareness on childhood health (pediatrics) should be packaged and provided targeting new and young mothers in a manner that enables them to better understand the importance of immunization programs. These can be supported by young women led community education programs for young mothers.
- At the same time, media and community information programs should be developed to target men and young men to understand their role in childcare.
- Bulk SMS messages targeting specific gender and age mobile phone subscribers can serve as useful public health reminders.
- Church and community noticeboards can be a useful platform for local level awareness-raising complimented by facilitated community discussion guides.
- Ongoing psychosocial support messages should also continue through radio and television programs to support personal, community and national healing.

Background

DFAT's Pacific Women Shaping Pacific Development has been contributing to strengthening diverse women's leadership in humanitarian action since 2018. The Shifting the Power Coalition project brings together the leadership of 13 women leaders from across 6 Pacific Island countries to share experiences, collaborate and amplify recommendations so that more diverse Pacific women's voices, agency and decision making informing disaster preparedness, response and recovery at national and community level. ActionAid Australia as a women's rights focused humanitarian organisation supports Coalition members to engage in the humanitarian system.

Drawing on the technical expertise of ActionAid Australia, the Steering Committee worked together and adopted the funding criteria. Everyone agreed that the Emergency response will be women led and support local women's leadership in response to an emergency. This can be to support increased human resource capacity and/or specific activities led by women and/or focused on responding to the specific needs and protection of diverse women in the response.

As a result of the funding support from the Pacific Women Shaping Pacific Development Programme, the StPC Emergency Grant mechanism is an avenue to quickly mobilise up to AUD5000 support for members of the coalition to organise at community, local and national decision following a crisis to take the lead in ensuring the needs and interests of women and girls in the long term response recovery efforts.

The grants are available for StPC members in Bougainville, Fiji, PNG, Samoa, Solomon Islands, Tonga and Vanuatu. Humanitarian emergencies can include cyclone, flooding, disease outbreak, earthquake, food crisis other emergency that affects a significant part of the population and has been declared by the Government as a national emergency.



Young Mother of measles victim on road to recovery with Le Teine Counselor.
Photo: StPC.

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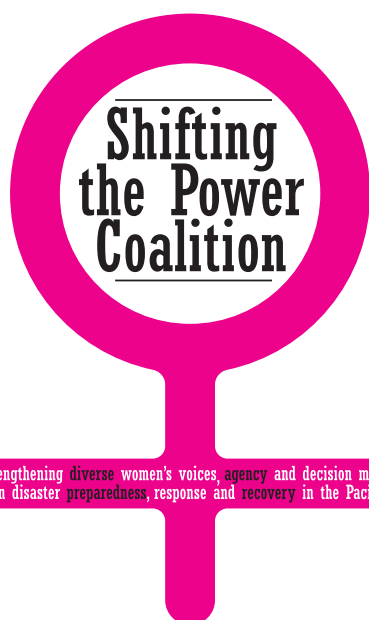
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Strengthening diverse women's voices, agency and decision making
in disaster preparedness, response and recovery in the Pacific