

# CARE Rapid Gender Analysis

An analysis of gender equality and social inclusion among flood-affected communities in Attapeu Province, Lao PDR

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# Executive Summary

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Tropical Storm Son Tinh, which hit Lao PDR on 18-19 July 2018, led to an overflow of water from the construction site at the Xepien-Xenamnoy hydropower dam on 23 July 2018, causing a flash flood through 13 villages downstream in Attapeu Province. The Government declared the affected areas a National Disaster Area. CARE is undertaking a rapid gender equality and social inclusion (GESI) analysis in Attapeu to provide information and recommendations about the different needs, capacities and coping strategies of women, men, boys and girls including people with a disability and ethnic minority groups. Very little primary data was available for this report due to a lack of access to the affected locations, lack of current information on the situation and recovery efforts, and a lack of sex, age and disability disaggregated data. However, secondary data and insights by humanitarian partners provide evidence that while both women and men are traumatised, depressed and bored, they are facing different vulnerabilities in the aftermath of the flooding.

## Key recommendations

- 1. Collect and share gender, ethnicity and disability information:** All humanitarian partners should collect and share sex, age and disability disaggregated data.
- 2. Design accessible communication and outreach activities:** To engage people who are illiterate, don't speak Lao Loum language, and have disabilities: 1) use local translators; 2) avoid written communications; and 3) actively reach out to women and people with a disability.
- 3. Women Friendly Spaces should** involve ethnic minority women volunteers; engage men in some activities; use spaces that are physically accessible for women with disabilities; and include aspects of cultural preservation.
- 4. Include formal and informal support and response structures in GBV activities.** Include traditional mediators in GBV training. The GBV referral pathway should include both formal and informal support structures.
- 5. Mitigate against human trafficking risks** by regulating the flow of people in and out of camps and informing women, men and adolescent girls and boys and children about the risks of human trafficking.
- 6. Provide targeted interventions to keep older girls in school.** Provide parents with information on the benefits of education for girls via Women Friendly Spaces. Seek opportunities to incentivise keeping children in school.
- 7. Make accessibility improvements for people with disabilities.** Basic modifications must be made to infrastructure in temporary camps to give access to people with disabilities. Accessible WASH infrastructure may need to be built, including latrines and bathing spaces.
- 8. Engage ethnic minority health volunteers** to increase ethnic minority people's use of health services, especially for SRMHR services.
- 9. Extend opportunities to both women and men.** Relief and recovery activities should be offered to both women and men, rather than engaging people based on their traditional gender roles.
- 10. Take a 'Building Back Better' approach that improves the lives of female-headed households and people with disabilities.** Rather than simply aiming to return these groups to the position of disadvantage that they experienced before the crisis, a 'building back better' approach should provide additional support.
- 11. Create opportunities for cultural preservation.** Recreational activities organised with camp residents could align with traditional festivals and be led by displaced people themselves.

## Key findings

- Women and girls are experiencing GBV, poor sexual, reproductive and maternal health, and exclusion from decision-making. They may also be facing school dropout and early marriage.
- Women's workloads may have increased due to difficulties finding enough food and increased burden of caring for sick and injured family members.
- Men may be struggling with the inability to provide for their families as household heads.
- People with a disability appear to be isolated and are likely excluded from decision-making and other activities.
- Most affected people are ethnic minorities. They may experience a traumatic loss of traditional life that was linked to the lands they lived on.

## Introduction

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### Background information on Lao PDR flooding

With funding from the Australian Humanitarian Partnership CARE International in Lao PDR is working with Save the Children and Plan International to respond to severe flooding in Attapeu province. Tropical Storm Son Tinh on 18-19 July 2018 led to an overflow of water from the construction site of Saddle Dam D of the Xepien-Xenamnoy hydropower dam on 23 July 2018, causing a flash flood through 13 villages downstream in Attapeu. The Government has declared the affected areas as National Disaster Area.

Following the flooding six of the 13 villages were evacuated to schools in Sanamxay district, two to evacuation centres in their villages, and five had not left their villages. At the time of writing this report people from the six evacuated villages were being moved between six evacuation shelters, and between evacuation centres and temporary camps. Accurate and current information about movements was unavailable. The official long-term recovery plan for the 13 flooded villages remains unclear. It is understood that the four most affected villages (Tamayod, Pindong, Done Bak and Don Bok) will be resettled in 'temporary camps' for two years (or longer) and the remaining nine affected villages will be assisted to rebuild in their home villages by the beginning of 2019<sup>1</sup>. However, these plans need to be confirmed as more information is released.

On 5 September 2018 the first temporary camp (Hadyao, approx. 1.5km from Sanamxay town) had finished construction and was occupied by 150-160 households. A second temporary camp (Dongbak, approx. 3km from Sanamxay town) was being constructed with an expected move-in date of mid-October, and clearing had commenced for a third camp (Donbok, approx. 16km from Sanamxay town).

### The Rapid Gender, Equality and Social Inclusion Analysis objectives

CARE is leading a phased rapid gender equality and social inclusion (GESI) analysis of the affected population. This report is the first version of this evolving analysis. The rapid GESI analysis aims to provide:

- 1) Information about the different needs, capacities and coping strategies of women, men, boys and girls affected by the Attapeu Province flooding, including people with a disability and ethnic minority groups;
- 2) Identification of gaps where additional support is needed to support the recovery process, from a gender, disability and ethnicity sensitive perspective; and
- 3) Practical programming and operational recommendations to meet the different needs of women, men, boys and girls (including those with a disability and ethnic minority groups) and to ensure we 'do no harm'.

## Methodology

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This rapid GESI analysis uses an adapted version of CARE's Rapid Gender Analysis approach<sup>2</sup> and will be conducted over two phases: 1) an initial light-touch analysis of the gender situation largely based on secondary data; and 2) a more in-depth exploration of the how gender roles, relations and beliefs may change with the affected populations' relocation to temporary camps.

This is the initial report of the rapid GESI analysis, undertaken from 24 September – 4 October 2018 in Vientiane, Laos. Research methods were: 1) a secondary review of relevant pre-disaster data and assessment by other humanitarian actors, and 2) key informant interviews with UN and INGO humanitarian partners (UNFPA, Save the Children, ChildFund, Oxfam and Humanity & Inclusion).

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<sup>1</sup> Office of the UN Resident Coordinator. 21 September 2018. Lao PDR Floods: Humanitarian Country Team Information Bulletin No. 2.

<sup>2</sup> <http://gender.care2share.wikispaces.net/CARE+Rapid+Gender+Analysis+Toolkit>

This research was **limited** by a lack of access to reliable and current gender, disability and ethnicity information about the affected population. While a number of sector assessments have been undertaken full reports have not been shared consistently. Of the reports that were shared, most provided very little (and in many cases no) sex disaggregated or other gender data. Information varied between sources, making verification difficult. Finally, during the time of research the national Post-Disaster Needs Assessment (PDNA) was underway which meant that many key informants were unavailable. As such, the findings and recommendations provided in this initial rapid GESI analysis will need to be validated and updated as more information emerges (including from the PDNA field work) and as the context changes.

## Demographic profile

### Sex, Age, Disability and Ethnicity Disaggregated Data

The most recent sex, age and disability disaggregated data of IDPs in Sanamxay district is from 14 August 2018 and is provided in the table below<sup>3</sup>. The location information is outdated as people have been moved between camps. Women are slightly under-represented among IDPs.

		Site # 1: Mitsampan Kindergarten		Site # 2: Mitsampan Primary School		Site # 3: Sanamxai High School		Site # 4: Oudomxai Primary School		Site # 5: Thadueu Village Hall		Site # 6: Ban Don Bok	
		#	%	#	%	#	%	#	%	#	%	#	%
Sex	Female	247	47%	599	48%	496	49%	33	46%	46	53%	164	49%
	Male	280	53%	641	52%	520	51%	38	54%	40	47%	174	51%
Age	0-4 years		13%		12%		12%		20%		9%		11%
	5-14 years		24%		19%		23%		20%		18%		28%
	15-44 years		50%		52%		47%		45%		48%		44%
	> 44 years		13%		17%		18%		15%		25%		17%
Disability	Physical disability	5		3		2		0		0		1	
	Mental disability	0		7		3		1		0		1	
Pregnant		4		0		0		1		1		2	
Total population		527		1240		1017		71		86		338	

## Demographic analysis

### Ethnic minority groups

Around 70% of the population of Attapeu Province are from ethnic minority groups. While comprehensive ethnicity data on the affected population is unavailable, INGOs confirm that the majority of the worst affected villages are ethnic minorities. An assessment in August 2018 of around 10% of affected households identified the following groups: Lao, Ouy / Oi, Lavae / Lavy, Ta-oi, Sou / Souai, Yaheun / Gnaheune<sup>4</sup>. These groups belong to the Mon-Khmer family which also includes the Alak, Katu, Katang and Ngae, ethnic groups.

The Mon-Khmer traditionally dominate the middle hills and primarily practice swidden agriculture, raise cattle and rely on forest products. They are relatively isolated from the lowland Lao-Tai culture and practice animism and spirit worship<sup>5</sup>. The poverty rate among the Mon-Khmer is high at around 42%, and just 45% women and

<sup>3</sup> IOM. 14 August 2018. Flooding in Sanamxay District Temporary Shelter Report #2.

<sup>4</sup> Ministry of Agriculture, World Food Program, Food and Agriculture Organisation and Oxfam. August 2018. Joint Rapid Food and Agriculture Assessment (PowerPoint presentation summary only).

<sup>5</sup> <http://www.wearelao.com/attapeus-ethnic-diversity>

63% men are literate in Lao-Loum language<sup>6</sup>. The fertility rate among the Mon-Khmer is almost double that of the Lao-Tai, at 4.2 for Mon-Khmer compared with 2.6 for Lao-Tai<sup>7</sup>.

### **Disability**

Apart from the number of affected people with disabilities, very limited information is available on how people with disabilities have been affected by the flooding. In general, there is a limited information on people with disabilities in Lao PDR. The 2015 Census identified the prevalence rate of disabilities is 2.8 percent, with equal prevalence between males and females. The disability rate is slightly higher in rural areas without roads (3.3 percent) and increases markedly with age, with 19% of women and 17% of men over 60 having a disability<sup>8</sup>. In addition to the physical challenges, persons with disabilities also face stigma and discrimination. INGOs responding to Attapeu flooding report that both children and adult IDPs with disabilities are teased.

## **Findings and analysis**

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On the gender inequality index Lao PDR is ranked 106 out of 188 countries. The primary challenges to gender inequality are women and girls' access to opportunities and resources, particularly for rural and marginalized women<sup>9</sup>. Lao's 49 ethnic groups have a diversity of cultures, traditions and perceptions that impact on gender roles and relations. However, there is a lack of information on the specific social and cultural context of each ethnic community and linkages between gender and ethnicity.

## **Gender Roles and Responsibilities**

### **Division of (domestic) labour**

Very little information is available on the gender division of labour among Attapeu's IDP households, though INGO staff have observed that women doing traditional 'women's work' (domestic tasks) including cooking and caring for sick and injured family members. In Lao PDR men and women's work is divided along perceptions of 'light' and 'heavy' work where women do the tedious time consuming tasks and men do the short term energy intensive work. The rigidity of the division of labour is reported to be stronger amongst ethnic minority communities<sup>10</sup>.

This typical gendered division of labour presents some considerations for the Attapeu flooding response and recovery. First, with children not consistently attending school, women's childcare burden may have increased. Second, if the flooding has led to increased numbers of sick or injured people, women's caring tasks are likely to have increased. Third, as women are responsible for feeding their families, they are also likely to be under increased stress to provide adequate food. Finally, when providing compensation for lost assets it will be important to take note of those that reduce women's workload burden, in particular machinery such as rice milling machines or fuel-efficient cook-stoves.

### **Household decision-making and control of resources**

Men play the role of household head among the Lao-Loum ethnic majority group, giving men decision-making power over most decisions. While Lao-Loum women traditionally manage the family money and can make day-to-day decisions about small purchases, men generally make bigger financial decisions. Women may be consulted in decision-making but men commonly have the final say<sup>11</sup>.

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<sup>6</sup> Ministry of Health. 2015. "Indigenous Peoples Planning Framework: Ethnic Group Development Plan." *Lao PDR: Health Sector Governance Programme*.

<sup>7</sup> <https://www.worldbank.org/en/country/lao/publication/lao-poverty-policy-brief-why-are-ethnic-minorities-poor>

<sup>8</sup> Ministry of Health & Lao Statistics Bureau 2015.

<sup>9</sup> UN Women. (2018). *Situation of Women*. Vientiane: UN Women.

<sup>10</sup> Albone, S. (2011). *Gender and Power Analysis for Remote Ethnic Groups*. Vientiane: CARE Laos PDR.

<sup>11</sup> CARE International in Lao PDR. 2018. *Water for Women Gender, Equality and Social Inclusion Analysis*.

It is important to note that these Lao-Loum decision-making dynamics do not apply to all ethnic groups. For example, the Alak group in Attapeu are a matriarchal society in which women are reported to lead the family, control finances, and make major community decisions<sup>12</sup>. While reliable information is not available on the decision-making dynamics among other affected ethnic groups in Attapeu, different gendered decision-making processes may exist that are likely to impact on access and use of resources and services.

People with disabilities have limited decision-making power in the family. Typically, they are viewed as someone to care for and not a contributor to household decision-making. Men with disabilities have more power than women with disabilities as men are more respected and more likely to be head of household<sup>13</sup>.

## Capacity and Coping Mechanisms

### Livelihoods

An assessment carried out by the Ministry of Agriculture and Forestry (MAF) in Sanamxay District of Attapeu between 18 – 31 August 2018 provides insight into the usual livelihoods of the affected communities. 13 villages have lost rice and crop farmland, livestock, and fishponds. Livestock losses include poultry, cows, pigs, buffaloes and goats. Plantations of industrial trees have also been lost/damaged, as well as natural forest and fruit trees.

The loss of different types of crops and livestock are likely to affect women, men and ethnic minority groups differently. In addition to being an important secondary source of income, livestock play an important role in ethnic minorities' animist culture<sup>14</sup>. The loss of livestock will impact these groups' ability to preserve their important cultural belief systems.

Female-headed households are likely to be particularly hard hit, given that they were already disadvantaged. Female-headed households in Laos have average land size 16% smaller than male-headed households. They also have a smaller household labour force; are less engaged in livestock production, fishery and forestry; receive lower prices for livestock; and have less access to loans<sup>15</sup>. If post-disaster compensation is based on pre-disaster assets, this disadvantage is likely to be perpetuated.

The relocation/evacuation and loss of forest lands will have fundamental impacts on affected communities' livelihoods in Attapeu. Typically, Lao's relocated communities must produce food in environments with unfamiliar agricultural conditions, with little technical extension support. Relocation also has gendered impacts. Reduced access to land for cultivation means women spend more time collecting diminishing non-timber forest products (NTFPs) and traveling to their fields, particularly following relocation to areas with insufficient land resources. Frequent epidemics also affect small livestock which are typically raised by women<sup>16</sup>. These challenges are likely to be faced by communities relocated to temporary camps in Attapeu.

At the time of report writing, no livelihood activities are taking place in the evacuation centres or temporary camp, though the most recent Emergency Response Plan includes cash transfers/cash for work programmes for livelihoods restoration<sup>17</sup>. MAF recommends that families in temporary camps be provided with training, crop seeds, livestock, insecticides and animal vaccines for livelihood rehabilitation. MAF also suggests the construction of animal barns and kitchen gardens, the formation of animal farmers' groups, strengthening village vet networks, and promoting fish farming. At this stage it is unclear whether there is available land in or near the temporary camps to enable these recovery efforts.

UNFPA is planning to establish Women Friendly Spaces (WFS) which may explore income generating activities. INGOs are considering providing fishing equipment, tools and flashlights to enable IDPs to collect additional

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<sup>12</sup> <http://www.wearelao.com/attapeus-ethnic-diversity>

<sup>13</sup> CARE International in Lao PDR. 2018. Op. cit.

<sup>14</sup> <http://www.wearelao.com/attapeus-ethnic-diversity>

<sup>15</sup> Lao Women's Union. 2018. Lao PDR Gender Profile.

<sup>16</sup> Ibid.

<sup>17</sup> UNOCHA. 28 September 2018. Lao PDR Floods: Emergency Response Plan.



food sources, and are also considering longer-term agricultural livelihood restoration (rice and vegetable cultivation) for families who return to their home villages<sup>18</sup>.

### Coping mechanisms

It is not clear what coping methods are being used by the affected communities. INGOs report that most adults are passively relying on donated goods and government distributions, though some collection of NTFPs is occurring in camps close to forests<sup>19</sup>. Research on previous crises in Laos found that common coping mechanisms include reliance on NTFPs, selling family labour (including child labour), borrowing through informal networks, reducing consumption, taking children out of school, selling assets, begging, and temporary and permanent migration for paid labour. Coping strategies follow the gender division of labour and have gendered impacts. Men increase income-generating activities (such as hunting, fishing, paid labour) while women focus on maintaining adequate food intake (forest gathering, daily paid labour and seeking food among kinship). During lasting disasters, women bear the heaviest burden of maintaining family subsistence<sup>20</sup>.

## Access

### Mobility Analysis

Lao women face restrictions on their mobility due to social norms, domestic duties, and costs and difficulties of transportation<sup>21</sup>. Typically, women are not able to ride motorbikes and rely on husbands or sons for transport<sup>22</sup>. In rural areas men often exercise control over their families' social life which impacts on women's freedom of movement<sup>23</sup>. Women's mobility may decrease with services provided within the camps (giving them less reason to travel outside the village). While this could reduce their workloads, it may also take away an opportunity for women to spend time away from their families.

### Access to services and resources

Information on access to services and resources was provided by INGO staff working in Attapeu and the most recent Humanitarian Country Team Information Bulletin (21 September 2018).

Distribution of rice and cash is based on the number of family members listed in the Family Book. Village authorities are providing assistance to households who lost their Family Books or who didn't have all family members listed. Information about support being provided is inconsistent. The UN has reported families receiving 20kg of rice and LAK250,000 per person per month<sup>24</sup>. In contrast, staff from one INGO reported that these figures are 15kg rice and around LAK150,000 per person per month, and staff from another are aware of only a one-off payment of LAK500,000 per family at the start of the emergency response.

Services	Access to these services
Water	Bottled drinking water and ceramic water filters are provided in camps closer to Sanamxay centre, reportedly in sufficient amounts. Bore-wells have been drilled in Don Bok camp but water is reportedly not safe to drink.
Food	15kg rice sacks and cash envelopes are distributed to household representatives. Distributions occur at the local government office or camp. Men most commonly collect rice and cash. Community members help vulnerable households (elderly couples, female headed-households and people with a disability) to carry rice at no cost.

<sup>18</sup> Meeting with UN/INGO stakeholders. 24 September – 2 October 2018.

<sup>19</sup> Meeting with UN/INGO stakeholders. 24 September – 2 October 2018.

<sup>20</sup> Brahmī, A. and Poupphone, K. 2002. Study on Local Coping Mechanisms in Disaster Management: Case studies from the Lao PDR.

<sup>21</sup> Lao Women's Union. 2018. Lao PDR Gender Profile.

<sup>22</sup> CARE International in Lao PDR. 2018. Op. cit.

<sup>23</sup> National Commission for the Advancement of Women (NCAW). 2015. Lao National Survey on Women's Health and Life Experiences 2014: A study on violence against women.

<sup>24</sup> Office of the UN Resident Coordinator. 21 September 2018. Op. cit.

NFI Distributions	Unregulated distributions are chaotically distributed by independent volunteer groups. Coordination with camp management is inconsistent. People with better social connections and power are reported to claim the best donated goods. Donations are not reaching the most isolated communities.
Health Services	Ethnic minority groups may be less likely to use health services. Camp clinics can handle simple health issues. IDPs may not be able to afford treatment for more serious problems.
Reproductive Health Services	Antenatal and postnatal care, delivery assistance and family planning are being provided in eight emergency shelters. Some women are continuing to give birth at home.
Latrines	Some camps have sex-segregated latrines with adequate lighting and internally lockable doors. Latrines constructed in other camps have internally lockable doors, but are not sex-separated and have no lighting. Latrines are not accessible for people with mobility disabilities.
Sanitation	Bathing facilities & latrines across the camps are not consistently sex-separated, well-lit or accessible for people with mobility disabilities. Don Bok camp has just 7 latrines for more than 400 people.

## Participation

### Decision making about humanitarian services

Camp Management Committees have been formed, but poor camp management has been reported<sup>25</sup>. Membership is based on local governance structures, meaning that these Committees are male dominated<sup>26</sup>. Generally women have only one or two places on formal councils, and it is not uncommon for there to be no women in villages with high rates of female illiteracy. It is likely that women's participation in decision-making on camp management and humanitarian activities reflects social norms that see men attend community meetings as household head. When ethnic minority women do attend meetings their comments are typically ignored as they are seen not having adequate knowledge due to low education and lack of Lao-Loum language skills<sup>27</sup>.

Persons with disabilities are also excluded from community meetings as they are viewed as someone to 'care for' rather than active participants in society. Barriers include needing support to get to the meeting and meetings held too far away<sup>28</sup>.

### Participation in programs and assessments

There are limited opportunities for the affected people to participate in programs and assessments. INGOs working in Attapeu describe a situation in which adult women and men are spending time in hot camps doing very little. To date, IDPs are not engaged in cash for work or other relief and recovery tasks.

The few activities being delivered include Child Friendly Spaces (CFS) and nutrition, health and hygiene promotion activities. UNFPA has a plan to create Women Friendly Spaces (WFS). While volunteers are engaged in CFS they were recruited by the district Ministry of Education who prioritised student teachers/recent teacher graduates from host communities. Some IDPs are also volunteering in the CFS (mostly women, including ethnic minorities). Adult women and men have participated in some CFS therapeutic activities targeting children.

In general, it appears that where IDPs are engaged in activities this follows traditional gender roles. Women have been targeted to prepare snacks for CFS and receive nutrition training. While these initiatives provide women with something to do, they do serve to reinforce (and even exploit) gender norms.

While a number of children with disabilities have been identified in camps, they are not participating in CFS. One INGO reported that some children with disabilities attended early CFS sessions but did not return. A barrier to participation is that carers are unwilling to wait for their children while they were participating in activities.

<sup>25</sup> UNOCHA. 28 September 2018. Op. cit.

<sup>26</sup> Meeting with UN/INGO stakeholders. 24 September – 2 October 2018.

<sup>27</sup> CARE International in Lao PDR. 2018. Op. cit.

<sup>28</sup> Ibid.

There are also reports of adults with disabilities preferring to stay inside their tents rather to avoid questions and teasing. Isolation is likely to be very high for children and adults with disabilities. INGO staff felt that if children and adults with disabilities would join activities if they were actively encouraged to attend.

### **Women's organisations**

The Lao Women's Union (LWU), a quasi-government body under the Lao People's Revolutionary Party's Central Committee, has been participating in response and recovery activities in Attapeu by conducting hygiene information sessions, providing psychosocial support and distributing donations and other relief items. As the LWU structure extends to the local level in almost all villages, LWU volunteers could be engaged to provide outreach to women in local languages where needed.

## **Protection**

### **Gender-Based Violence: Risks and prevalence**

Gender-Based Violence (GBV) is occurring amongst IDPs in Attapeu. There have been informal reports about domestic violence, physical violence, and tension between husband and wife couples, as well as several cases of violence against children (type of violence unknown). Violence against women (VAW) is common in Laos with 30.3% of ever-partnered women have experienced at least one types of violence (physical, sexual or emotional). The primary perpetrators of VAW are women's partner/husband, although violence is also perpetrated by female family members, especially their mothers/step-mothers<sup>29</sup>.

Previous experience in Lao PDR has seen an increased risk of GBV following a disaster. Following flooding in Oudamxay in 2016 and Sekong in 2009, 27% of respondents had heard of incidences of rape and 43% reported knowing someone injured by sexual and gender-based violence (SGBV). Disaster affected women observed that risks of SGBV increased in the immediate aftermath of the disaster<sup>30</sup>. Men and adolescent boys viewed that SGBV against adolescent girls was their own fault if they didn't dress 'appropriately' and adult men felt that it was acceptable for women to sexually exploit herself to provide for their children<sup>31</sup>.

The risk of VAW and violence against children among IDPs in Attapeu is likely to be high, given high levels of stress, poverty, unemployment and overcrowding, key triggers of violence against women in Lao PDR<sup>32</sup>. Alcohol has also been identified as a key trigger of violence<sup>33</sup>. At least one case of VAW among IDPs was linked to men's alcohol consumption, though this may be a lesser risk in camps with less access to market<sup>34</sup>. This risk of alcohol-triggered VAW could increase once villages move to temporary camps closer to Sanamxay district centre.

While cases of GBV have occurred among IDPs, none have been reported to the LWU, the Attapeu provincial hospital or the Sanamxay district hospital<sup>35</sup>. One case of VAW was reported to police, who intervened and counselled the perpetrator (husband). There is low VAW reporting in Lao overall with only 1 in 5 women who experience violence from their spouses seek help from authorities, including police and health services. Women survivors most commonly seek help from family members or friends and very few women report seeking help from the LWU. Almost half (43.2%) of women who experience violence from their partner don't tell anyone<sup>36</sup>. Given the cramped confines that IDPs are living in, it may be harder to keep GBV cases private. This could present an opportunity increase responsiveness to GBV.

### **Gender-Based Violence: Support and services**

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<sup>29</sup> National Commission for the Advancement of Women (NCAW). 2015. Op. cit.

<sup>30</sup> International Federation of Red Cross and Red Crescent Societies. 2018. The Responsibility to Prevent and Respond to Sexual and Gender Based Violence in Disasters and Crises.

<sup>31</sup> Ibid.

<sup>32</sup> National Commission for the Advancement of Women (NCAW). 2015. Op. cit.

<sup>33</sup> Ibid.

<sup>34</sup> Meeting with UN/INGO stakeholders. 2 October 2018.

<sup>35</sup> Office of the UN Resident Coordinator. 21 September 2018. Op. cit.

<sup>36</sup> National Commission for the Advancement of Women (NCAW). 2015. Op. cit.

There is an urgent need to respond to psychological trauma of affected women and girls, in addition to ensuring GBV risk mitigation<sup>37</sup>. There are limited organizations working on GBV prevention and response in Sanamxay and a lack of community involvement in GBV prevention and response in the camps<sup>38</sup>. The seven LWU staff in Attapeu require training to provide services for GBV survivors.

Some GBV services exist in Attapeu: 1) the **Attapeu provincial hospital** and **Sanamxay district hospital** can provide health services for GBV survivors, though are not equipped with post-rape kits nor specific rooms for counselling; 2) the **LWU counselling unit** at Sanamxay district is located at the district government office but has no specific room for counselling; and 3) the LWU Counseling and Protection Centre for Women and Children operates a **national hotline** (1362). UNFPA plans to draft a GBV referral pathway for Attapeu province and Sanamxay district.

UNFPA and UN Women will work with LWU to establish two Women Friendly Spaces (WFS) in camps to provide GBV risk mitigation measures, multi-sectorial referral mechanisms, a safe space for women and girls, and a platform to access humanitarian assistance. Training will be delivered in October 2018 covering WFS management, gender, GBV, GBV response, and GBV information management. UNFPA and UN Women have requested CARE to co-facilitate the training.

### **Child marriages**

31% of Mon-Khmer girls between 15-19 years are married. It appears that child marriage can increase following a disaster. Following previous flooding in Oudamxay and Sekong, 47% of surveyed women and girls reported feeling distressed by the rise in child marriage after the disaster<sup>39</sup>. Among ethnic minorities, high levels of school dropout has been linked to early and child marriage<sup>40</sup>. Given the pressure placed on the school system in Attapeu there is a risk that older girls may fail to return to school placing them at higher risk of early marriage. In a context in which there are few opportunities for livelihood or other productive activities, girls may see marriage and motherhood as the only options available.

### **Safety**

Information on the current safety concerns of IDPs in Attapeu is not available. However, the security of IDPs is put at risk by inadequate camp management allowing people going in and out without control<sup>41</sup>. Research on previous flooding in Oudamxay and Sekong found that women and girls did not feel safe going out alone or collecting firewood. Men and boys also felt unsafe going out alone, though at lower rates<sup>42</sup>.

Uncontrolled movement of people in and out of camps may make affected women and men vulnerable to human traffickers. Laos is a source country for women and girls trafficked primarily to Thailand for commercial sexual exploitation and forced labour. Lao men are sometimes subjected to conditions of involuntary servitude in the Thai fishing and construction industry. Ethnic minority populations in Laos are particularly vulnerable to trafficking<sup>43</sup>. Women and men living in temporary camps for two or more years may be vulnerable to offers by human traffickers given the loss of livelihoods, stressful conditions, crowding and limited opportunities.

## **Sector Programming**

### **Food security and nutrition**

Attapeu faced emergency-level threats to food security and nutrition even before the disaster with one of the highest wasting rates in the country (15.0%)<sup>44</sup>. Since the crisis, 42 cases of Moderate Acute Malnutrition and 12 cases of Severe Acute Malnutrition have been identified in Sanamxay district<sup>45</sup>. While sex and age

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<sup>37</sup> UNOCHA. 28 September 2018. Lao PDR Floods: Emergency Response Plan.

<sup>38</sup> Office of the UN Resident Coordinator. 21 September 2018. Op. cit.

<sup>39</sup> International Federation of Red Cross and Red Crescent Societies. 2018. Op. cit.

<sup>40</sup> <https://www.worldbank.org/en/country/lao/publication/lao-poverty-policy-brief-why-are-ethnic-minorities-poor>

<sup>41</sup> UNOCHA. 28 September 2018. Op. cit.

<sup>42</sup> International Federation of Red Cross and Red Crescent Societies. 2018. Op. cit.

<sup>43</sup> USA State Department. <https://www.state.gov/documents/organization/123363.pdf>

<sup>44</sup> 2 August 2018. Joint Rapid Assessment: Laos Floods Attapeu Province.

<sup>45</sup> Office of the UN Resident Coordinator. 21 September 2018. Op. cit.

disaggregated data is not available, women and children may be at greater risk. A 2010 Nutrition Assessment of nine flood and typhoon-affected provinces (including Attapeu) reported that 14% of women were underweight. In Attapeu, 18.9% children aged 6 to 59 months were suffering from acute malnutrition. This figure is almost 4 per cent above the international definition for an emergency situation. More than a third of young children were also suffering from anaemia. Poor infant feeding practices were prevalent, with large number of infants given sticky rice, water and soup rather than exclusive breastfeeding, putting babies at risk of infection and disease<sup>46</sup>.

Changing or reducing consumption is used as a coping strategy in Laos. When rice is short people produce and collect other starchy staples and reduce portion sizes, and parents skip meals to feed their children. Nutrition can be further depleted when people sacrifice vitamin and protein-rich collected foods such as vegetables, fish, beetles, frogs and wild vegetables to barter for rice<sup>47</sup>.

## Education

In Attapeu province, 29 schools with around 4,500 students (more than 3,300 primary schools and about 1,200 secondary school) have been affected. No sex or age disaggregated data of affected students is available. While schools in Sanamxay district are partially open many grades and classes remain closed as classrooms continue to be occupied as shelters and there are shortages of classrooms and teachers in host communities. The camp population keeps moving and the schooling situation remain fluid, disrupting children's education. CFS provide play-based learning activities for younger children using UNICEF's methodology. While a detailed education assessment in Sanamxay district was complete by 16 September, the report has not been made available.

Illiteracy is likely to be high among adult IDPs. In 2012, 20.5% of Mon-Khmer household heads had no formal education and just 63% of men and 45% of women were literate in Lao official language. Language can be a significant barrier to information for non-Lao-speaking ethnic minority groups<sup>48</sup>.

Data in Lao suggests son preference in education. This is particularly significant amongst the poorest quintile, with just 58.7% of adult women able to read and write without difficulty compared with 81.7% of men<sup>49</sup>. If affected families in Attapeu are forced to make difficult economic decisions related to children's education, sons may be prioritised over daughters. Special attention may be required to keep girls in school, especially teenagers who may be considered marrying age. Records from one INGO delivering CFS show that slightly more boys than girls attend CFS, though reasons for this are unknown.

## WASH

Recent information from Attapeu describes a lack of clean water and poor sanitary conditions, putting people in at risk of diarrhoea and other water borne diseases. Children and the elderly are suspected to be especially vulnerable<sup>50</sup>. No information is available about the situation for people with disabilities nor current WASH behaviours among IDPs. It is likely that women have retained their traditional responsibility for household WASH related chores<sup>51</sup>. With water systems being installed in camps, women's water collection work may reduce.

While latrines are sex separated, well-lit and lockable from the inside in some camps, this is not consistent. For example, in Don Bok latrines are shared by all and have no lighting. Similarly, bathing facilities are separated in some camps but not others. Women can be at risk of GBV while conducting WASH-related tasks. During previous flooding in Oudamxay and Sekong adolescent boys admitted to watching girls while they were bathing<sup>52</sup>. This may be occurring in Attapeu given inconsistent separation of latrines and bathing facilities in the camps.

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<sup>46</sup> [https://www.unicef.org/mdg/laopdr\\_56003.html](https://www.unicef.org/mdg/laopdr_56003.html)

<sup>47</sup> Brahmi, A. and Pounphone, K. 2002. Op. cit.

<sup>48</sup> Ministry of Health. 2015. "Indigenous Peoples Planning Framework: Ethnic Group Development Plan." *Lao PDR: Health Sector Governance Programme*.

<sup>49</sup> Lao Women's Union. 2018. Op. cit.

<sup>50</sup> UNOCHA. 28 September 2018. Op. cit.

<sup>51</sup> CARE International in Lao PDR. 2018. Op. cit.

<sup>52</sup> International Federation of Red Cross and Red Crescent Societies. 2018. Op. cit.

Buildings in the Hadyao temporary camp are not accessible for people with mobility disabilities, meaning that these people will be reliant on others to access toileting and bathing facilities. This is concerning as in Lao's rural areas, persons with disabilities and the elderly limit food and water intake and reduce the amount of times they defecate so as not to be a burden on the (female) relatives they rely on for care. This has negative impacts on their health. Females with disabilities report that it is difficult to remain clean, especially during menstruation<sup>53</sup>.

## Health

Mental health is poor among IDPs, especially for adults. While children are reported to be recovering with assistance from CFS activities, women have shared reliving the trauma of the flooding, having trouble sleeping, and suffering from nightmares, migraines and stress<sup>54</sup>. Psychosocial support is a key health priority<sup>55</sup> and while 171 people (community representatives/leaders, student volunteers, district hospital staff and village health workers) from four emergency shelters were trained in Psychological First Aid<sup>56</sup> it is not clear if this service is being provided.

A surge in communicable diseases and other illness is also expected, linked to unhygienic and over-crowded living conditions in camps and compromised access to safe water and sanitation. Relocation may bring new threats to IDPs' health. Other cases of ethnic minority groups who have relocated feel that they have poor resistance to lowland diseases and have trouble treating health concerns after losing access to traditional medicinal plants<sup>57</sup>.

In September 2018 there were 118 pregnant women among IDPs in Sanamxay district, including some as young as 16 years. Since the flooding there have been 21 deliveries including one infant mortality case and at least one underweight birth. Women are continuing to give birth at home without assistance from health providers. This is 'normal' for ethnic minority mothers, most of whom give birth at home with little, if any, pre or post-natal care. One in five women in Laos report an unmet need for SRH services, especially among ethnic minorities and adolescents in remote rural areas. Laos has one of the highest maternal mortality rates in the region at 196 deaths per 100,000 live births in 2017<sup>58</sup>.

Ethnic minority groups' use of health services is lower than mainstream Lao due to remoteness, lack of Lao-Loum language, lack of cash, customs, and local beliefs. Cultural divides pose difficulties when the health worker and the patient are from different ethnic groups<sup>59</sup>.

## Shelter

Approximately 4,000 individuals reside in overcrowded emergency camps in Attapeu. Most families have remained at the schools, even after school returned in September, as they are unable to return to their villages. Other households require assistance to rebuild and repair their housings<sup>60</sup>. IDPs who remain at the schools are reportedly living in tents, with one tent allocated per family.

Construction of the first temporary camp at Hadyao village is complete, with 150-160 households living in long structures divided into 3.5m X 3.5m rooms. Each room houses a family of up to six people and has just one fan. The rooms are reported to be too hot to spend time in. Each room has a small balcony where women cook using charcoal. This may present a serious fire hazard. The camp compound is very crowded with little to no space for recreational or productive activities. It contains a primary school building, water tanks, and sex-separated toilets with adequate lighting, internally lockable doors and handwashing facilities. The buildings are not accessible for people with mobility disabilities. The temporary shelter under construction at Dongbak village is expected to take a similar design, though this compound is much larger.

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<sup>53</sup> CARE International in Lao PDR. 2018. Op. cit.

<sup>54</sup> Meeting with UN/INGO stakeholders. 2 October 2018.

<sup>55</sup> UNOCHA. 28 September 2018. Op. cit.

<sup>56</sup> Office of the UN Resident Coordinator. 21 September 2018. Op. cit.

<sup>57</sup> Brahmj, A. and Pumphone, K. 2002. Op. cit.

<sup>58</sup> Lao Women's Union. 2018. Lao PDR Gender Profile.

<sup>59</sup> Ministry of Health. 2015. Op. cit.

<sup>60</sup> UNOCHA. 28 September 2018. Lao PDR Floods: Emergency Response Plan.



It is important to note that ethnic minority groups have cultural preferences for housing which are often connected to their spiritual belief systems. Among the groups living in Attapeu, the Alak arrange their palm and thatch houses around a communal pavilion, the Katu dwell in long rectangular houses and Katang extended families dwell in longhouses<sup>61</sup>. The loss of these traditional practices is likely to be both physically and spiritually harmful for ethnic minority people.

## Conclusions

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Very little primary data was available for this first rapid GESI analysis report due to a lack of access to the affected locations. Access to information was further limited by low availability of sector assessment reports, and a lack of sex, age and disability disaggregated data. However, secondary data and insights shared by stakeholders provide evidence that women and girls are experiencing GBV, poor sexual, reproductive and maternal health, and exclusion from decision-making. There is a high likelihood (which needs to be confirmed) that they are also facing other gender-based challenges, including increased burden of caring for sick and injured family members, school dropout, and early marriage.

Both women and men have lost their livelihoods. While women's workloads may have increased due to difficulties finding enough food for their families, men may be struggling with the inability to provide for their families as household heads. Both women and men are reported to be traumatised, depressed and bored. There is a risk that response and recovery efforts specifically targeting women may lead to a backlash among men who may (understandably) feel that they, too, are deserving of support.

People with a disability are likely to be facing extreme disadvantage. They appear to be isolated, may have lost mobility aids, have been relocated to inaccessible shelters, and they may be reliant on family members who are under extreme stress, potentially reducing the level of care they can afford for people with a disability. It is almost certain that people with a disability are excluded from decision-making and other activities.

Finally, most IDPs are ethnic minorities, and many have been living remotely from Lao-Loum communities. Their traditional animistic beliefs, living arrangements and other cultural practices may be connected to the lands that they lived on. Relocation may bring challenges to their traditional ways of life which is likely to be traumatising for all community members.

## Recommendations

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The recommendations below are targeted at all humanitarian actors, including the GoL, UN agencies, and INGOs. They should be validated and updated as more information on the disaster and recovery efforts emerges.

### Overarching recommendation: For all humanitarian partners

#### **12. Collect and share gender equality, ethnicity and disability information.**

At a minimum, all humanitarian partners (GoL, UN agencies and INGOs) should collect and share sex, age and disability disaggregated data. Even basic sex and age disaggregated data has not been consistently collected and shared to date, representing a failure to meet [Sphere Core Standard 3: Assessments](#) and preventing the delivery of relief and recovery efforts that respond to the different needs of women, men, girls, boys, people with a disability and ethnic minority groups.

This Rapid Gender Analysis report should be updated and revised as relief efforts continue and as more information emerges (including following the Post-Disaster Needs Assessment to be completed in October 2018). Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming. Programming should be adapted to the changing needs.

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<sup>61</sup> <http://www.wearelao.com/attapeus-ethnic-diversity>

### 13. Design accessible communication and outreach activities.

The affected population includes people who are illiterate, don't speak Lao-Loum language, and have disabilities. Mainstream IEC of BCC communication materials (brochures, posters, etc.) are likely to be inappropriate for communicating important information to these groups. The following strategies are recommended:

- a) **Use local translators** during all community outreach activities and community meetings. This is especially important for reaching ethnic minority women. These local translators should be both women and men, and should be remunerated for their time.
- b) **Avoid written resources communications.** Ethnic minority-sensitive posters (i.e. those that depict situations and people that are familiar) with little/no text may be more appropriate.
- c) **Actively reach out to women (especially female headed households) and people with a disability.** These people are unlikely to attend community meetings unless special effort is made to invite them. Meetings should be scheduled at times when women are available. People with a disability and their carers should be actively encouraged to attend. Including marginalised people in mainstream events is preferable to promote social inclusion. If this is not possible separate events targeting women or people with a disability should be held to ensure they access information disseminated during community meetings.

## Sector recommendations: For implementing agencies

### Protection

#### 14. Recommendations for Women Friendly Spaces.

- a) **Ethnic minority women volunteers** should be involved in running WFS to support women in their own languages. They could also be used as translators for WFS activities. They should receive a volunteer stipend for their time.
- b) **Men should be engaged in some WFS activities.** At establishment, male community members should be invited to an orientation on WFS to ensure that they understand and support these women-focused activities. There is a risk that men – who may also feel isolated and traumatised – may feel resentful of activities targeting women only. To mitigate against this, the option of running some activities for both women and men could be considered.
- c) **Construct WFS that are accessible for women with disabilities.** Consider building design elements such as using ramps instead of steps and installing disability accessible latrines near WFS. Actively reach out to women with disabilities and their carers to encourage them to attend WFS, and provide transport if necessary.
- d) **Construct WFS that include elements of cultural preservation.** Consult with ethnic minority women to explore whether any traditional building design elements could be incorporated into construction. This could help women feel more comfortable and connected with the WFS.

#### 15. Include traditional mediators in GBV training

The few ethnic minority survivors who report the GBV they experience often go to traditional mediators whose approaches can put the survivor at risk of further harm. It is recommended that these people be identified from among the IDPs and included in the GBV training to be delivered by UNFPA and UN Women.

#### 16. The GBV referral pathway should include both formal and informal support structures, and use accessible communication dissemination approaches

Few survivors report violence to LWU and ethnic minority survivors often use traditional dispute resolution mechanisms. It is therefore important to include both formal (LWU and hospitals) and informal (traditional leaders, family members, friends) in the referral pathway to ensure that it meets survivors' needs. The following strategies could more effectively support survivors of GBV:



- a) **Recruit and train community volunteers to support GBV survivors.** These should be women and men from the different ethnic groups who can provide basic psychosocial support in their local language and refer survivors to WFS or formal services for support.
- b) **Use accessibility principals in designing and disseminating** referral pathway information. As above, avoid using text and ensure that images are ethnicity-sensitive.
- c) **Target traditional local leaders and other male and female community members** for GBV prevention and response activities, making clear that GBV is illegal and unacceptable.

## 17. Mitigate against human trafficking risks

Initiatives to mitigate against human trafficking risks should be two-fold:

- 1) **Better regulate the flow of people in and out of camps** to prevent traffickers from accessing a highly vulnerable population group; and
- 2) **Provide information on the risks of human trafficking** to women, men and adolescent girls and boys. This could potentially be delivered through community events such as film screenings.

## Education

### 18. Provide targeted interventions to keep older girls in school.

Older girls might be at higher risk of dropping out of schools given disruptions to schooling and household economic hardship. As well as educational benefits, keeping girls in school reduces their vulnerability to early marriage. Parents could be provided with information on the benefits of education for girls via WFS. Incentives such as school feeding programs may help to keep children in school.

## WASH & Shelter

### 19. Make accessibility improvements to provide access for people with disabilities.

Unfortunately, construction of the temporary camps is partially complete/underway which suggests a missed opportunity in terms of the design of disability-inclusive facilities.

- a) At a minimum, **basic modifications** (such as the installation of ramps) must be made to enable people with disabilities to access living spaces independently. Humanity and Inclusion International should be engaged to
- b) Accessible WASH infrastructure may need to be built, including latrines and bathing spaces. These would also benefit other people with mobility challenges, including women and elderly people.

## Health

### 20. Engage ethnic minority health volunteers

Opportunities to engage ethnic minority women and men as health volunteers should be explored as a strategy to increase ethnic minority people's use of mainstream health services, especially for SRMHR services. These people could do outreach to their communities in local language, and accompany their peers on health visits. They should be paid a volunteer stipend for their time.

## Gender, ethnicity and disability mainstreaming recommendations: For project designers and implementing agencies

### 21. Extend opportunities to both women and men.

Some humanitarian activities have already targeted women and men based on their traditional gender roles. This reinforces unequal gender norms while limiting the range of opportunities that are available to women

and men. All relief and recovery activities should be offered to both women and men. For example, men should be invited to nutritious food demonstrations along with women, and women should be offered construction-based cash-for-work opportunities along with men.

Where activities rightfully target women (such as VAW support services within WFS) they should commence with an orientation for both women and men to ensure that men understand why women are being targeted.

## **22. Take a 'Building Back Better' approach that improves the lives of female-headed households and people with disabilities.**

Rather than simply aiming to return female-headed households to the position of disadvantage that they experienced before the crisis, a 'building back better' approach should provide female-headed households additional support.

## **23. Create opportunities for cultural preservation.**

Wherever possible, opportunities should be sought to support relocated ethnic minority communities to preserve their traditions. For example, recreational activities organised with camp residents could align with traditional festivals and be led by IDPs themselves.

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