

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

Tropical Storm Son Tinh, which hit Lao PDR on 18-19 July 2018, led to a breach in the Xe Pien-Xe Nam Noy hydropower saddle dam on 23 July 2018, causing a flash flood through 13 villages downstream in Sanamxay district, Attapeu Province. The Government declared the affected areas a National Disaster Area.

CARE undertook a two-phase 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. This report is the second version of this evolving analysis and provides a valuable contribution to the limited information available on communities' lives in the temporary residence camps where they are now residing.

Key findings

- Loss of culture is a risk, with ethnic minority groups struggling to practice traditional animist cultural practices.
- People with disabilities face mobility and self-care challenges. Some lost mobility devices during the flood and temporary residences have not been designed or constructed to be disability-inclusive.
- Women have maintained (to some extent) their domestic responsibilities as wives and mothers. In contrast, men's breadwinner roles no longer exist. Men's sense of dignity, identity and value may therefore be more challenged than women's, contributing to increased violence against women.
- Violence against women has increased, triggered by poverty, unemployment, listlessness, and stress. Men are consuming alcohol to relieve stress, and alcohol consumption leads to more violent behaviour.
- Wives are responsible for providing the family's food and nutrition, but do not control finances needed to purchase food.
- Risk of malnutrition is high, especially among children under five, pregnant mothers, children from large families, single headed households and those with mobility challenges including people with a disability and the elderly. Nutritious food is not readily available in the temporary residences.
- School dropout has increased. Girls are most at risk of dropout due to gender norms that see girls as weaker and more vulnerable than boys. Boys are at risk of being pulled out of school in families without a male household head.
- Children with disability are less likely to attend either primary or high school.
- There is a risk that early marriage will increase, especially for girls who may see marriage and motherhood as the only options in the temporary residences which lack livelihood and other productive activities.
- Camp conditions accommodate a harmful inter-generational cycle of school dropout – early marriage – many children – poverty which will keep affected communities trapped in a state of under-development.

Key recommendations

1. **Refocus and maintain attention on affected communities.** International donors and UN agencies should use their influence and connections to refocus and maintain attention on Attapeu, mobilise additional funds for recovery, and ensure that accountable parties are fulfilling their responsibilities to support communities to resume normal life as quickly as possible.
2. **Share this report widely.** Findings and recommendations should be disseminated widely among humanitarian partners and be used to inform future support.

- 3. Provide disability support services.** These activities should include providing mobility devices, referrals to specialist services, Disability Rights Awareness Training, and camp accessibility improvements.
- 4. Address triggers of violence against women.** Providing livelihood opportunities and addressing school dropout should be prioritised to address the triggers of violence against women. Any income-generating opportunities must target both women and men to avoid perpetuating harmful gender norms.
- 5. Promote adequate nutrition.** Affected populations should be supported with knowledge and inputs to grow nutritious foods. Nutrition awareness-raising is also required. These activities should actively target people with disabilities, the elderly, and their families, and ethnic minority families (both women and men).
- 6. Resource and implement Women Friendly Spaces.** Women Friendly Spaces (WFS) should be implemented in all five camps. WFS should serve multiple purposes, including: GBV referrals, psychosocial support, information sharing and educational and recreational activities.
- 7. Address harmful gender norms.** Participatory activities can enable community members to critically analyse gender norms in a fun, non-confrontational way. These activities can be integrated into any other sector programming and should be held with both women and men.
- 8. Engage men and boys, as well as women and girls.** All relief and recovery activities should be offered to both women and men as far as possible. Where activities rightfully target women they should commence with an orientation for both women and men to ensure that men understand why women are targeted.
- 9. Create opportunities for cultural preservation.** Wherever possible, opportunities should be sought to support ethnic minority communities to preserve their traditions.

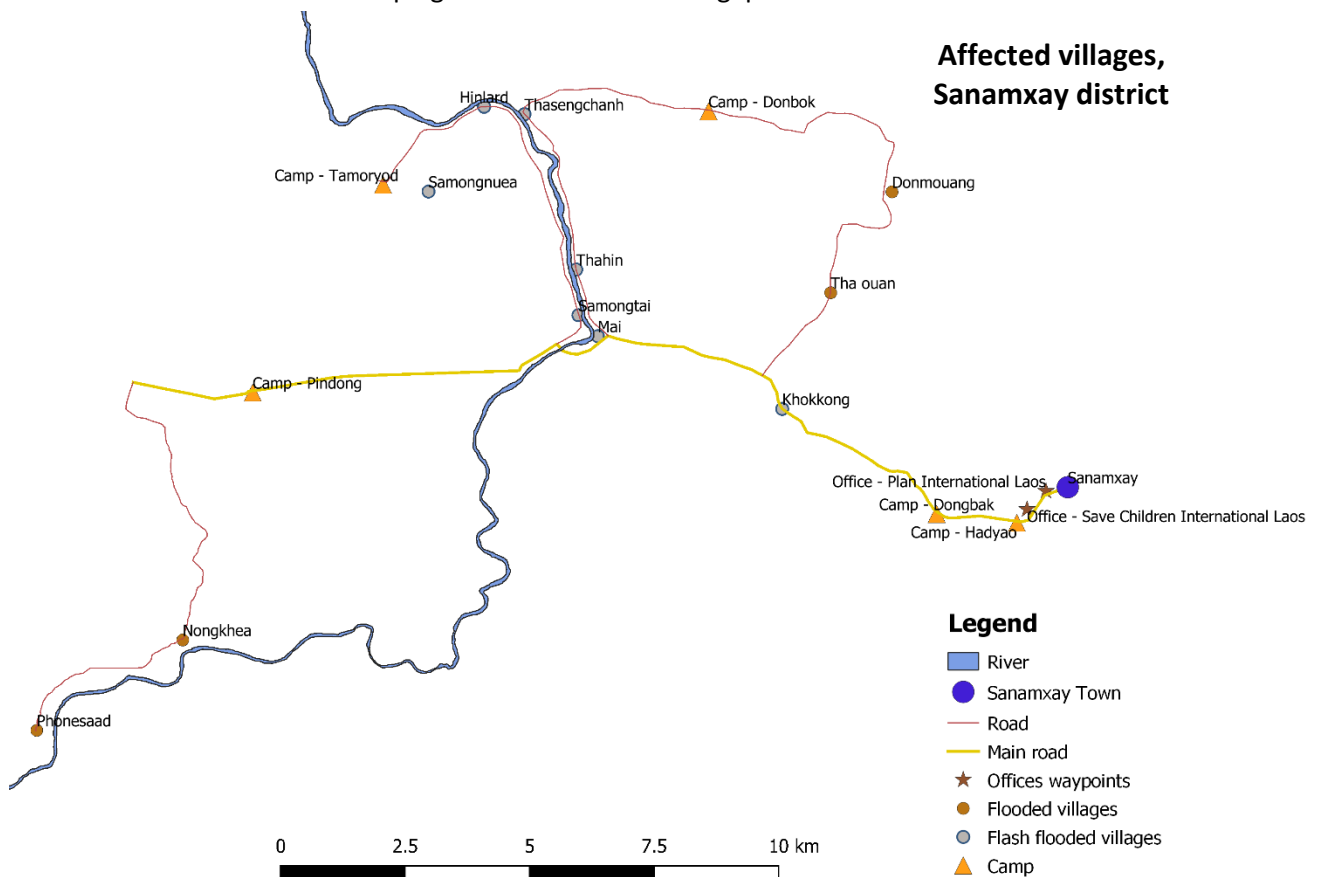
Introduction

Background information on Lao PDR flooding

With funding from the Australian Humanitarian Partnership CARE International in Lao PDR worked with Save the Children and Plan International to respond to severe flooding in Sanamxay district, Attapeu province. Tropical Storm Son Tinh, which hit Lao PDR on 18-19 July 2018, led to a breach in the Xe Pien-Xe Nam Noy hydropower saddle dam on 23 July 2018, causing a flash flood through 13 villages downstream in Sanamxay district. The Government declared the affected areas a National Disaster Area.

By late 2018/early 2019 seven of the 13 villages had been relocated to ‘temporary residences’ (‘camps’) built and maintained by the South Korean SK Engineering & Construction company, one of the companies behind the Xe Pien-Xe Nam Noy hydropower dam project. Affected communities moved into the first temporary residence – Hadyao – in September, 2018, Dong Bak temporary residence in November, 2018, Tamoryod in February, 2019, Phindong in January, 2019 and Don Bok in January, 2019. Residents expect to live in these temporary residences for up to five years until the Government of Lao PDR allocates new land for housing and agriculture.

As the immediate post-disaster period has passed, attention to the situation and needs of affected communities in Attapeu has decreased and very little information is available on peoples’ lives in the temporary residences. The report from the Post-Disaster Needs Assessment (PDNA, conducted in October 2018) has not been released to humanitarian partners. This rapid gender, equality and social inclusion (GESI) analysis is therefore a valuable resource helping to fill this information gap.



The Rapid Gender, Equality and Social Inclusion Analysis objectives

CARE led a phased rapid gender equality and social inclusion (GESI) analysis of the affected population. This report is the second and final version of this evolving analysis which provides an updated analysis in the temporary residence camps. The rapid GESI analysis provides:

- 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 for 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

This rapid GESI analysis used an adapted version of CARE's Rapid Gender Analysis approach¹ and was conducted over two phases: 1) an initial light-touch analysis; and 2) an in-depth analysis following relocation to temporary residences. The first phase GESI analysis was undertaken from 24 September – 4 October 2018 in Vientiane as access the affected locations was not possible at this time. As a result, the first phase involved only a desk-based analysis of relevant pre-disaster data and assessments by other humanitarian actors; and key informant interviews with UN and INGO humanitarian partners operating in Attapeu.

The second phase of the GESI analysis used qualitative methods (focus group discussions, key informant interviews (KIIs), field observation) in all five temporary residences. Areas of enquiry were: 1) food and nutrition security, 2) education, 3) protection, and 4) coping strategies. An exploration of gender roles and relations, the specific needs of people with a disability, and differences between ethnic groups was included throughout the research. The Washington Group Sort Set of Disability Questions² was included in all KIIs to capture data on disability and impairment. The research considered **ethics** by requesting verbal informed consent from all research participants and signed photo consent. Data in this report has been de-identified apart from cases where consent was given for identification.

This analysis was **limited** by minimal time for enumerator training and testing research tools. While the variable skill of enumerators affected the depth of data collected, this challenge was largely mitigated by the number and diversity of respondents who together provided sufficient data to allow sound analysis of the experiences and needs of different affected groups. Another limitation is that – as per Lao protocol – the research team was accompanied by five government officials³ who were present for all focus group discussions (FGDs) and key informant interviews (KIIs). It is highly likely that this affected respondents' willingness to speak openly.

Respondents						
Type of respondent	Methodology	Female	Male	Ethnicity	Disability / Impairment	Total
Project staff	Unstructured discussion	0	2	Lao Loum	0	2
Government authorities	KII	1	0	Lao Loum	0	1
Community members ⁴	FGD, KII	59	54	Lao Loum, Oi, Sou, Taliang, Lavae	8	
Other marginalised groups ⁵	KII	9	2	Lao Loum, Taliang, Oi, Yahuen	3	11

¹ <http://gender.care2share.wikispaces.net/CARE+Rapid+Gender+Analysis+Toolkit>

² <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

³ These officials were from the Ministry of Education and Sport and the Lao Women's Union.

⁴ This includes people with a disability and their carers.

⁵ Other marginalized groups targeted: single parents, families with 4+ children and pregnant women.

Service providers ⁶	KII	14	4	Lao Loum, Oi	2	18
Village leaders	KII	0	5	Lao Loum, Oi	1	5
Total	-	83	67	-	14	150

Findings and analysis

Sex, Age, Disability and Ethnicity Disaggregated Data

Affected villages	Population				Children 0-18 year			People with a disability				
	No. Family	Total	Male	Female	Total	Male	Female	Total	Girl	Boy	Woman	Man
Hadyao temporary residence: All Lao Loum ethnicity												
Ban Mai	199	749	382	367	245	129	116	10	2	5	3	0
Tamoryod temporary residence: Majority Lao Loum ethnicity												
Hinlard	173	701	365	336	278	152	126	16	2	3	7	4
Tamoryod	45	196	103	93	129	66	63	14	2	5	7	0
Dong Bak temporary residence: Majority Lao Loum and Oi ethnicity												
Thahin	224	953	480	473	395	218	177	10	2	3	3	2
Khokkong	265	1,090	566	524	392	204	188	24	7	9	3	5
Don Bok temporary residence: Majority Oi ethnicity												
Thasengchan	128	530	271	259	256	139	117	18	0	1	8	9
Phindong temporary residence: Majority Lao Loum ethnicity												
Samong-Tai	97	357	186	171	127	64	63	3	0	0	1	2
Total	1,131	4,576	2,353	2,223	1,822	972	850	95	15	27	32	21

Demographic data is changing constantly. Populations are changing in the camps due to unmonitored movement in and out, as some people elect to defy government instruction not to move back to their home villages. This is especially so in 'mixed-village' Dong Bak and the peri-urban camp of Hadyao, with reports of families returning to Mai, Thahin and Khokong villages.

Demographic analysis

Ethnic minority groups

Around 70% of the population of Attapeu Province is from ethnic minority groups. While comprehensive ethnicity data on the affected population is unavailable, the following ethnic groups were identified during the GESI analysis: Lao Loum (majority population in Hadyao and Phindong), Oi (majority population in Dong Bak and Don Bok), Lavae/Brau, Yahuen, Talieng and Sou. Most of the ethnic minority groups identified belong to the Mon-Khmer family which traditionally dominates the middle hills and primarily practices swidden agriculture, raises cattle and relies on forest products. The poverty rate among the Mon-Khmer is high at around 42%, and just 45% women and 63% men are literate in Lao-Loum language⁷. 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 Loum⁸.

Mon Khmer groups traditionally practice animism and spirit worship⁹. Amongst ethnic minorities in the temporary residence camps, these traditional practices are now being lost due to relocation. An Oi ethnicity village leader explained that Oi people in the temporary residence camp cannot practice their traditional funeral rites as they don't have an appropriate place for the ceremony and cannot access their traditional burial ground. They can no longer follow their traditional calendar of cultural practices or practice spirit worship. They are having to mix Oi and Lao Loum traditions.

⁶ Service providers targeted: health workers, teachers, camp Lao Women's Union representative, camp security guards, community volunteers.

⁷ Ministry of Health. 2015. "Indigenous Peoples Planning Framework: Ethnic Group Development Plan." *Lao PDR: Health Sector Governance Programme*.

⁸ <https://www.worldbank.org/en/country/lao/publication/lao-poverty-policy-brief-why-are-ethnic-minorities-poor>

⁹ <http://www.wearelao.com/attapeus-ethnic-diversity>

Disability

Women, men and children with disabilities were identified in all temporary residences. Interestingly, the village leaders often reported a lower number of people with a disability compared with numbers reported by research participants with disability. Disabilities are physical (mobility disabilities due to polio and loss of limbs, vision and hearing impairments) and intellectual. At least two cases of pre-existing mental health issues were also reported as disabilities. In addition, seven respondents who did not identify as having a disability reported impairments in response to the Washington Short Set of Disability Questions. Impairments included difficulty remembering/concentrating (potentially due to flood-related trauma) and difficulty seeing and hearing. Three of five pregnant women reported impairments, likely pregnancy-related.

Some people with disabilities had lost mobility devices during the flood which have not been replaced, further impeding their mobility and ability to care for themselves. People with disabilities rely on their families to care for them, which risks impacting family members' ability to access education or other opportunities.

There are no disability-specific services provided in Attapeu. The minimal disability-specific services that have reached the camps are provided by organisations operating from the national level. These (such as vocational training) appear to target people with physical, rather than intellectual, disabilities. People with intellectual disabilities or mental health conditions may be overlooked given that their disabilities are less visible. There may also be greater stigma towards people living with mental health conditions. For example, the carer of a woman with a mental health condition in one camp expressed concern that neighbours were not tolerant of her sister's unpredictable outbursts.

Gender Roles and Responsibilities

Division of (domestic) labour

The strong gender division of labour in Attapeu does not appear to have changed significantly since the disaster and is relatively homogenous across ethnic groups. Both before and after the disaster women have primary responsibility for household domestic duties (cooking, cleaning, care work) and are expected to work hard, even while pregnant. Women also spend time tending to kitchen gardens (in the camps where they exist) and collecting non-timber food products (NTFPs) where the forests are accessible. Women said that the biggest difference in their household responsibilities compared with before the flood is that they now have more free time; previously they had a heavy triple burden and worked from morning to night undertaking agricultural work, domestic work and care work with little time to rest. Now they have long periods of the day with little to do. Women in Don Bok said that they spend their days listlessly waiting for an announcement from the loudspeaker to inform them of any distribution or activity.

Among the affected communities, men occupy the position of household head and primary breadwinner. During FGDs men explained that before the flood their days were spent on productive income-generation work; working in the rice fields, tending to livestock and fishing for sale. While some men described days that included cooking, little other domestic activity was mentioned and men had more time for leisure compared with women. Men's days in the temporary residences are quite empty. Activities reported by men's discussion groups include: fishing, repairing fishing nets and weaving fish traps (only in camps that have access to rivers); doing construction and wood milling; cooking; and getting children ready for school. All men's groups said that they now have little to do and spend a lot of time sitting and talking with other men.

A crucial difference between the disruptions to women's and men's daily tasks is that women have been able to uphold – to some extent – their responsibilities as wives and mothers. Household work still needs to be done, the family needs to be fed, and children still need to be cared for. In this way, women can fulfil the roles expected of them. In contrast, men's breadwinner roles no longer exist. There are no rice fields, no livestock and (in some camps) no rivers for fishing. Whereas their families used to rely on men to provide, they are now reliant on handouts. In this way men's legitimacy as household heads may be called into question. It is possible that the flood's impact on men's sense of dignity, identity and value may be more severe than for women. This may contribute to the increased levels of violence against women described below.

Household decision-making and control of resources

Men play the role of household head among all of the ethnic groups who participated in the GESI analysis, giving them power to make most household decisions. While women 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. Women and men's group discussions both reported that women generally defer to their husbands when there is a disagreement, and that verbal (and sometimes physical) violence can occur when she refuses to do so.

Not all adults within the household have equal decision-making power along gender lines. Older men and women have more decision-making power than younger people, and people with disabilities have limited decision-making power. Typically, people with disabilities are viewed as someone to care for and not a contributor to household decision-making.

The biggest difference in household decision-making dynamics compared with before the dam collapse is that both men and women's decision-making autonomy has been significantly diminished. Important decisions that used to be made – such as when to build a new house and where to live – no longer exist and affected communities have no choice but to follow the decisions that government authorities are making about their lives. Furthermore, all community members are now required to follow camp rules whereas households used to have their own rules and power structures. A Lao Women's Union representative in one camp shared that this lack of autonomy and decision-making power is leading to feelings of extreme disempowerment among affected communities.

Capacity and Coping Mechanisms

Livelihoods

There is almost no livelihood activity occurring in the temporary residence camps. The camps are overcrowded and have insufficient land for crop cultivation, though community members are planting small kitchen gardens where there is space. Some households are earning limited income through selling fish and vegetables from kitchen gardens (very small-scale as most is for household consumption), running small businesses (kiosks, hairdresser, food stalls) (women), or selling labour (men). There is a very small amount of livestock (chickens, pigs) in some camps. Small homemade kilns to make charcoal were operating on the edge of Dong Bak camp (quite close to the semi-permanent primary school). Men, women and children are active on the edges of Phindong camp making and collecting charcoal from burning felled trees, adding to the existing poor air quality caused by the dusty environment.

A Lao Women's Union representative in one camp said that previously her village was very economically active, but "Now that dream is stuck." All respondents are

Case study: Widower

Mr Boun* is a 35-year-old man from the Talieng ethnic group. He was at home with his wife and two children when the dam broke and the flood came. He was lucky to recover his 9-year-old daughter after she was washed away, but his wife and 10-year-old son were taken by the flood waters. Mr Boun and his daughter now live in a temporary shelter in the baking sun.

Mr Boun has to play the role of both father and mother to his daughter. Previously, he used to leave his family for days at a time for work. Due to his caring responsibilities he can no longer do this, limiting his opportunities to earn money. When he does find casual work doing construction or sawmilling the other men complain that he arrives late and finishes early because of his care duties. Sometimes Mr Boun takes his daughter with him when he is offered several days of work away from the camp, during which periods his daughter misses school.

Sometimes Mr Boun doesn't feel like eating, but he knows he must cook for his daughter. Sometimes he gives her money to buy food for herself but there is little healthy food for sale in the camp. On the days that Mr Boun arrives home late after working he finds his daughter watching TV alone.

Mr Boun spends a lot of time thinking. He wonders why this has happened to him. He is very worried about losing his daughter as he has already lost his wife and son.

*Name changed

relying on government rice and cash distributions that are insufficient for purchasing necessary household and farming equipment.

Just one woman with a disability earns an income from running a small sewing business after receiving support from a disability-specific organisation. No other people with a disability reached by the research earned an income. A man with a disability was a fisherman before the disaster, but this is no longer an option as there is no river close to the new temporary residence. He requests cash support to open a kiosk at his shelter.

Single parents are among the most vulnerable, as shown in the case study. Female-headed households who lack a male breadwinner can adversely impact boys' access to education, as described below.

Coping mechanisms

Most adults are passively relying on donated goods and government distributions, though fishing and some collection of NTFPs is occurring in camps close to rivers and forests. Better-off households who have retained or replaced vehicles (motorbike or small tractor – *toc toc*) have more access to forests and rivers. These resources are least accessible for the elderly and people with a disability who have mobility challenges. One female respondent in Hadyao camp observed that young people have a harder time coping because they do not know how to rely on forest resources.

Other coping mechanisms being used are similar to those documented in previous crises in Laos¹⁰. These include reliance on NTFPs, reducing food consumption and food diversity, and taking children out of school. Household practices in terms of food consumption are unclear; most respondents reported that women and men eat the same foods at the same time, though women in Don Bok shared that men eat more than women. While some respondents said that parents give food priority to children, others said that they sometimes feed children only sticky rice with spicy sauce.

Some men are undertaking paid labouring work on an informal, insecure basis. There were few reports of men or women leaving the district (or even their communities) to seek work or education opportunities. Some respondents explained that families are preferring to stay together, which is understandable given the traumatic event that the communities have endured. Community members may become more inclined to leave the district as time progresses.

Access

Access to services and resources

Distribution of rice and cash is based on the number of family members. Respondents consistently reported that they receive LAK5,000 per person per day for food, LAK100,000 per person per month for miscellaneous expenses and 20kg of rice per person per month. Cash distributions are often late.

Services	Access to these services
Water	All temporary residences have piped water from bore-wells and ceramic water filters for drinking water. Residents in Phindong reported having insufficient water filters for drinking water and lacked access to water during power outages. Residents in Dong Bak report that the water from all but one bore hole is salty, so they are purchasing water for drinking.
Food	20kg rice sacks and cash envelopes are distributed to household representatives. People report having sufficient rice. Some respondents receive steamed rice, while their preference is sticky. Distributions occur at the local government office or camp but are often late. 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, however distributions are hard for people with a disability to access due to uneven paths.

¹⁰ Brahmi, A. and Poupphone, K. 2002. Study on Local Coping Mechanisms in Disaster Management: Case studies from the Lao PDR.

NFI Distributions	Hadyao and Dong Bak – camps closest to the district centre – have more privately donated household items compared with Tamoryod, Phindong and Don Bok, including assets that support nutrition and reduce household labour. Donations have not equitably reached more isolated camps.
Health Services	Ethnic minority groups may be less likely to use health services. Camp clinics can handle simple health issues. Affected communities cannot afford treatment for more serious problems.
Reproductive Health Services	Residents in Hadyao and Dong Bak can access antenatal and postnatal care, delivery assistance and family planning at Sanamxay district clinic. The other temporary residences rely on small camp clinics for these services. Health workers in camp clinics report high use of family planning (primarily the pill & injections) though fertility rates appear to be high and teenage pregnancy is common.
Latrines	Hadyao and Dong Bak have communal toilets with adequate lighting and internally lockable doors. They are sex-segregated in Hadyao but not in Dong Bak. Latrines have slippery floors and steps, making accessibility difficult for people with mobility disabilities. Women ask their male family members to accompany them when they need to use the toilet at night. In other camps each shelter has its own flush squat latrine with an internally lockable door and light. The squat design and step entry make accessibility difficult for people with disabilities. The number of latrines in Phindong was reported to be insufficient as up to 10 people were living in each shelter and the Phindong septic system was leaking. Residents in Don Bok reported that households’ septic tanks often fill up after 1-2 weeks but are emptied only once per month. Some people are openly defecating as toilets are dirty and smelly.
Sanitation	Only Hadyao and Dong Bak have communal showers. They are sex separated in Hadyao, but not in Dong Bak. Women in both camps are bathing at their shelters rather than using the communal showers. Bathing facilities are not easily accessible for people with mobility disabilities due to steps and slippery water on the floors.

Participation

Decision making about humanitarian services

The same village committee structures as prior to the dam collapse have been retained in the temporary residences. Village heads are male in all camps, though one camp has a female sub-head. While committees have a reasonable representation of women, they are generally in the mandated Lao Women’s Union (LWU) positions which lack power and prestige. The main difference in public decision-making compared with the pre-disaster situation is that village leaders have largely lost the ability to make significant decisions due to a lack of information and agency. Important decisions about affected communities are made at the district, provincial or national levels and no village leaders had been consulted about construction of temporary camps or new permanent settlements. Respondents described a top-down decision-making system in which community members wait for information from village leaders, and village leaders wait for information from district authorities.

When village leaders receive information they disseminate it to community members via loudspeakers and community meetings. While women and men can theoretically attend meetings, men usually attend in their role as household head. One women’s group reported that they don’t have time to attend meetings as they must care for their children. 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 away¹¹.

Participation in programs and assessments

The few activities being delivered in the temporary residences include Child Friendly Spaces (CFS) and nutrition, health and hygiene promotion activities. UNFPA supported LWU to deliver Women Friendly Spaces (WFS) in Hadyao and Dong Bak camps, but WFS were implemented for just one month (December 2018). UNFPA is seeking additional funding through the Post-Disaster Needs Assessment process to support the LWU to scale up and implement WFS in all five temporary residences.

¹¹ CARE International in Lao PDR. 2018. Water for Women Gender, Equality and Social Inclusion Analysis.

In general, it appears that where affected communities are engaged in activities this follows traditional gender roles. Women have been targeted to prepare snacks for CFS, receive nutrition training and prepare food for school feeding. While these initiatives provide women with something to do, they do reinforce gender norms.

Isolation is likely to be very high for children and adults with disabilities, though INGO staff running CFS are making an active effort to include children with disabilities in activities. An organisation offered livelihoods vocational education for people with disabilities affected by the flood. However, participants were required to leave their communities to complete the training. Just one woman took advantage of this opportunity, while others were reluctant to leave their families in the traumatic post-flood period.

Women's organisations

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 implementing Women Friendly Spaces (WFS, see below) conducting hygiene information sessions, providing psychosocial support and distributing donations and other relief items.

Protection

Gender-Based Violence: Risks and prevalence

Gender-Based Violence (GBV) has increased since the dam collapse. Domestic violence against women perpetrated by their husbands was the most common form of violence reported by women, men, health workers, village leaders and camp security. Verbal violence was most often mentioned, but physical violence is also common. One example of extreme sexual violence (marital rape) was described by several respondents. Across the temporary residences, situations that are characteristic of economic violence were also described.

Violence against women (VAW) was reported to be triggered by poverty, unemployment, listlessness, and stress. Overcrowding is a major contributor to stress. Women in Phindong explained that they are reluctant to have sex with their husbands due to a lack of privacy, and that husbands can become violent when they are denied sex. Family members are also constantly confined in small spaces together within the camps which adds to stress and conflict.

Men are using alcohol to relieve stress. Men's alcoholism (among adult men and young men) was reported to be common at high levels in all temporary residences. Women (mainly Oi ethnicity) in Don Bok explained; *"There is more violence now. Before the flood there was a lot to do and the men were hard-working. Now the men are stressed and use alcohol to relieve the stress. They feel hopeless which is changing their attitudes and behaviour. The men are changing day by day."*

Cases of VAW have been reported to the LWU and some survivors of severe physical domestic violence have sought assistance from camp clinics. However, GESI analysis respondents demonstrated a reluctance to talk about GBV and it is likely that most cases go unreported given the low VAW reporting in Lao overall which sees only one in five women seeking help from authorities¹².

Gender-Based Violence: Support and services

Some GBV services exist in Attapeu: 1) **hospitals in Attapeu province, Sanamxay district hospital and camp**



¹² 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.

clinics can provide health services for GBV survivors, though are not equipped with post-rape kits nor specific rooms for counselling; 2) there is a **LWU counselling unit** at Sanamxay district (but has no specific room); and 3) the LWU operates a **national hotline** (but calls often go unanswered). No respondents in the GESI analysis mentioned using these services. Women, men, village leaders, security and LWU in all temporary residences consistently reported that domestic violence cases were ‘resolved’ within the camps using Village Mediation Units which include the village leader, security guard, Lao Youth Union and LWU. Complaints handled by the Village Mediation Unit usually see the survivor and perpetrator remain together. There was just one case of extreme marital rape mentioned in which the couple did not stay together. Even this case was not taken through the formal justice system; the perpetrator was simply sent to live with his parents in a different village.

In late 2018 UNFPA and Lao Women’s Union (with financial support from UN Women) delivered two interventions to address GBV among flood-affected communities: 1) Women Friendly Spaces in Hadyao and Dong Bak camps; and 2) a GBV Response and Prevention Workshop. The WFS aimed to provide GBV risk mitigation measures, multi-sectorial referral mechanisms and a safe space for women and girls. However, WFS were implemented for just one month due to administrative challenges. In Hadyao camp the village leader did not have a good understanding of the WFS and some women were not aware of it. In Dong Bak camp the WFS materials remained but were not being used.

UNFPA delivered a GBV Response and Prevention Workshop in December 2018 with 32 participants including national, provincial and district LWU, health personnel from Attapeu and Sanamxay District hospitals, village and district authorities, provincial administrative staff, and police and security guards from Hadyao and Dong Bak. Despite having received this training, the village leaders, security guards and LWU respondents in the GESI analysis overwhelmingly said that domestic cases were ‘resolved’ within the camps through the Village Mediation Unit, indicating that the training had not had an effect on traditional GBV resolution processes.

Child marriages

Child marriage is a form of GBV and is common amongst the affected communities. 31% of Mon-Khmer girls between 15-19 years are married, which is consistent with the age at marriage reported by respondents in the GESI analysis. There is a real risk that child marriage will increase in the temporary residences given high levels of school dropout (see Education section below). It appears that child marriage can increase following a disaster in Laos. Following previous flooding in Oudamxay and Sekong, 47% of surveyed women and girls reported feeling distressed by the rise in child marriage after the disaster¹³. Among ethnic minorities, high levels of school dropout has been linked to early and child marriage¹⁴. In the temporary residences, in which there are few opportunities for livelihood or other productive activities, girls may see marriage and motherhood as the only options available and families under significant financial stress may look for the reprieve that marrying off their children could bring.

Safety

A range of safety and security concerns were shared by respondents across the five temporary residence camps. Men’s consumption of alcohol – and drugs (*ya ba* / methamphetamines), to a lesser extent – was the most common risk factor reported across the camps, leading to both conflict between men and men’s violence against women. Young men use drugs and become physically violent more than older men. In Dong Bak camp where multiple villages are living together a lack of trust and solidarity among residents, combined with overcrowding, was identified as a trigger of conflict. Theft by people from outside the camp has occurred in Tamoryod and conflict between neighbours was mentioned in Don Bok. All conflicts are resolved within the camp.

Physical characteristics of the camps also create insecurity. None of the temporary residence camps have night lighting in public places which is especially risky in Dong Bak and Hadyao where residents are required to use public toilets. In these camps, women ask their husbands to accompany them when they go to the toilet at night. Phindong camp is built around a crater-sized hole in the ground and residents are afraid of children falling

¹³ 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.

¹⁴ <https://www.worldbank.org/en/country/lao/publication/lao-poverty-policy-brief-why-are-ethnic-minorities-poor>

into it, especially in the wet season when it may fill with water. Across the camps, people are afraid of electric shock from living in metal structures.

All camps have a (male) security volunteer from the village, most of whom were in this role before the flood. However, security volunteers interviewed in the GESI analysis did not speak confidently about camp safety and security suggesting a lack of awareness about security risks. Respondents in two camps felt that security was better immediately following the disaster when there were staff from emergency response agencies in the camps.

While human trafficking was not mentioned during the research, it may be a risk. 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 trafficking¹⁵. Women and men living in temporary camps for extended periods 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%)¹⁶. Though malnutrition was not reported as a major problem, the risk is high given the insufficient access to nutritious foods. Women's group discussion participants across the camps said that they accessed foods from a range of sources prior to the flood, including their own crops, home gardens, rivers, forests and markets. They are now reliant on distributed rice, fish where available, what they can afford to purchase with their small allowance and the little they can grow within the camps. Hadyao and Dong Bak have reasonably established kitchen gardens though not extensive enough to feed all residents adequately. Residents in Phindong, Don Bok and Tamoryod have limited produce which they are growing in makeshift pots and planter boxes. The soil in Phindong is particularly unaccommodating for production as it is made up of large clods of dried mud. Across the camps, respondents reported that while they have adequate rice, they do not have enough other foods (vegetables, protein, etc.). As described above, reducing the amount and diversity of food is being used as a coping strategy.

Kitchen garden, Dong Bak and kiosk, Phindong



¹⁵ USA State Department. <https://www.state.gov/documents/organization/123363.pdf>

¹⁶ 2 August 2018. Joint Rapid Assessment: Laos Floods Attapeu Province.

Access to adequate foods varies between the camps. While Hadyao camp has less space to grow food it has easier access to the district market. There are no markets close to Tamoryod, Phindong or Don Bok where people are reliant on small kiosks and vendors that travel to the camps several times per week. Camp kiosks offer a very limited stock of poor quality foods: mainly candy, sweet drinks, alcohol and snacks. Ownership of household assets also affects families' nutrition. Most households in Hadyao and Dong Bak appeared to have donated refrigerators and rice cookers (likely because they are easily accessible from the district centre and therefore received most uncoordinated private donations). These assets were rare in the more remote camps, and women in Don Bok explained that because they don't own refrigerators they cannot buy and store meat in the hot climate. As a result, the only protein they have regular access to is eggs.

Pregnant women, children under five (especially ethnic minority children), large families, people with a disability, elderly people and ethnic minority groups were identified as most at risk to poor nutrition:

- While health workers reported that they routinely provide Plumpy'Nut supplements to **pregnant women and children under five**, one pregnant women in Hadyao camp shared that she lost almost 10 kilograms after becoming pregnant. Health workers explained that pregnant women's health is risked by the gender norm that women should work hard, even during pregnancy.
- Even before the flood, 18.9% **children** aged 6 to 59 months in Attapeu were suffering from acute malnutrition, rates almost 4 per cent above the international definition for an emergency situation. More than a third of young children were also suffering from anaemia¹⁷. During the GESI analysis, health workers identified that **infants** are especially vulnerable to malnutrition as exclusive breastfeeding is not consistently practiced. This is consistent with findings that poor infant feeding practices are prevalent in Attapeu, with large number of infants given sticky rice, water and soup rather than exclusive breastfeeding¹⁸.
- Health workers in two camps (from Oi and Lao Loum ethnicities) suggested that **ethnic minority** children are at greater risk of malnutrition due to parents' lower awareness of health and hygiene and low use of medical services compared with Lao Loum people. However, in each of these discussions the respondent referred to ethnic groups which they themselves were not members of, suggesting that their responses could reflect discriminatory attitudes rather than fact.
- **Families with many children** struggle to provide adequate food with the insufficient allowance they receive.
- **The elderly and people with a disability** are more reliant on others due to difficulty accessing distributions, markets, forests and rivers.

Women (usually married daughters / daughters-in-law) are responsible for providing their families' food and nutrition in line with their domestic responsibilities. However, they do not have decision-making power over family resources and must accede if their husbands demand money for their own uses. Women in Don Bok explained that their ability to provide adequate food for their families is challenged by their husbands' expenditure on alcohol.

Education

Children's education has been significantly disrupted due to the dam collapse. 29 schools with around 4,500 students (more than 3,300 primary schools and about 1,200 secondary school) were affected (no sex or age disaggregated data of affected students is available). Primary school has resumed in all temporary residence camps, initially held in temporary learning centres (tents) and moving into semi-permanent structures. These semi-permanent facilities are community constructed wooden buildings with earthen flood and zinc sheet roofing. Next to the Tamayord Camp construction of a permanent concrete five classroom school is underway as of March 2019. Schools have some teaching materials and equipment provided by donors, such as those provided under the AHP project. School directors requested more materials for future use.

¹⁷ https://www.unicef.org/mdg/laopdr_56003.html

¹⁸ https://www.unicef.org/mdg/laopdr_56003.html

Teachers and students complained that the tents were too hot for effective learning; children didn't want to attend school in hot tents and their concentration was badly affected. One teacher explained that children are still traumatised from the flood and this is affecting their learning ability.

While children lack access to quality primary schooling, access to high school is even more challenging. Respondents across the camps reported that many children are not continuing their education after grade five. The only operating high school in Sanamxay district is at the district centre, accessible only by poor, extremely dusty (to become muddy in the wet season) roads from Phindong, Tamoryod and Don Bok. High school is only accessible by vehicle, meaning that children without transport are excluded. Each camp had a donated vehicle which was to be used, among other things, for transporting secondary aged children to the nearest school. However, the service seemed to be irregular and the vehicles frequently requisitioned for other camp business. One village leader reported that only two-thirds of children in his community are attending high school, and another reported that children without motorbikes have dropped out of high school. Even where children do have vehicles, parents are concerned about their children's safety traveling to high school, fearing that if they get hurt on the way there will be no one to assist them. Some camp authorities reported that there are a number of high school students attending school as they are able to stay in Sanamxay town during the week, either in the homes of friends or family members or in tent accommodation on campus.

Gendered beliefs impact children's access to high school. Girls are seen as vulnerable to physical and sexual dangers, and less capable of defending themselves. Parents explained that they felt that their sons could survive the journey to school and time living away from home in Sanamxay but that girls were too weak and vulnerable. One village head said that parents are scared that their daughters will be sexual assaulted on the way to school though there were no known cases of this happening. In contrast, boys are at risk of school dropout in families that have lost a male family breadwinner. Two respondents shared that widowed single mothers are pulling sons out of school to provide for the family.

Temporary learning centre, Dong Bak



Community members and teachers in several camps shared that some parents are no longer motivating their children to attend school due to a lack of motivation and/or financial stress. While some families receive scholarships for their children's education they are insufficient to cover all school expenses, especially when the child is required to travel away from home to attend school. Data in Lao suggests son preference in education, particularly amongst the poorest quintile, with just 58.7% of adult women able to read and write without difficulty compared with 81.7% of men¹⁹. If affected families are forced to make difficult economic decisions about children's education, sons may be prioritised over daughters.

Ethnic minority children experience unique barriers to education. Lao Loum teachers in two camps mentioned difficulties teaching ethnic minority children who don't speak Lao language. The teacher in Phindong reported that ethnic minority parents often pull their children from school due to a lack of funds, especially for high school. A Yahuen father of a large family seemed to confirm this, sharing that he had no plans to send his children to the district high school because he didn't have money or transport. There is a free boarding high

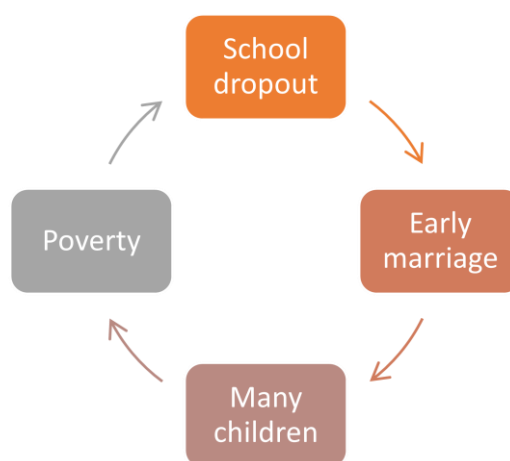
¹⁹ UN Women. (2018). *Situation of Women*. Vientiane: UN Women.

school for ethnic minority students in the Attapeu provincial capital. However, the village head in one camp observed that parents are reluctant to send their children away due to strong family ties.

Children with disabilities are those most marginalised from education. Cases were found in several camps where children with a disability had been prevented from attending school. Reasons given were that teachers refused to teach them (believing that they required a 'special school') and that some parents of children with disabilities were unsure if their children could study. Stigma and discrimination against children with disabilities is likely to be a major barrier. Organisations implementing CFS shared that it had been difficult to encourage children with disabilities to join CFS activities; the children had stood outside until a volunteer was able to encourage them to participate, suggesting that they often don't feel comfortable in learning environments with other children. One woman with a disability identified that more support is needed to enable children with disabilities to attend school.

A vicious cycle facing flood-affected children

The combination of barriers to education, acceptability of early marriage and lack of livelihood options present in the camps provide the conditions for the vicious cycle pictured in image 2. This inter-generational cycle of school dropout – early marriage – many children – poverty will prevent affected communities from being able to develop positively until the cycle is broken. Special attention is required to keep girls in school, especially those of high school age who have trouble getting to Sanaxay and may be considered marrying age.



WASH

Women have retained their traditional responsibility for household WASH related chores. The burden that this entails varies between camps depending on access to washing machines which were not sighted in the more remote camps (Tamoryod, Phindong and Don Bok). Water collection is a relatively light task in all camps as water sources are adjacent to most households.

WASH facilities are not easily accessible for people with mobility disabilities in any of the temporary residences as a result of steps, slippery wet floors and squat toilet designs. When the rainy season arrives, slippery and muddy paths will be a further barrier. People with disabilities and the elderly may be limiting food and water intake to reduce the amount of times they need to use the toilet, negatively impacting their health.

Showers are not adequately sex-separated in Hadyao or Dong Bak camps, putting women and girls at risk of sexual harassment or assault. Women were seen bathing at the water points at their own shelters rather than using the communal showers. The WASH design of the newer camps – Phindong, Don Bok and Tamoryod – is somewhat better than Hadyao and Dong Bak given that each shelter has its own shower and toilet cubicle. However, construction and materials are of poor quality, meaning that just months after construction open sewers are running through the camps and grey water is pooling around living areas, creating a risk of water-borne disease which will be heightened when the rainy season starts. Some respondents reported openly defecating rather than using the latrines. Camp authorities in Phindong and Don Bok requested communal bathing areas so that grey water from washing and bathing would not empty into the sewage tanks filling them up quickly.

People with disabilities are facing additional barriers in accessing WASH services, as described above (access to services and resources).

Health

Basic health services are available at no cost at Sanamxay district hospital for residents in Hadyao and Dong Bak camps and in clinics within the camps at Phindong, Tamoryod and Don Bok. People with a disability in Hadyao and Dong Bak therefore have a harder time accessing health care as they need to leave the camp to do so. Health workers in the camp clinics reported that diarrhoea and respiratory illness were common, and that they frequently ran out of vitamins and diarrhoea medicine. Hygiene is poor in the camps with no adequate rubbish disposal systems in place in most camps. Rubbish is commonly burned, adding to the respiratory risks created by the dusty environment.

Mental health is poor among IDPs, especially for adults, and there are concerns among respondents that it will deteriorate further as time progresses. Both women and men have shared reliving the trauma of the flooding, having trouble sleeping, and suffering from nightmares, migraines and stress. Psychosocial support remains needed and while 171 people (community representatives/leaders, student volunteers, district hospital staff and village health workers) from were trained in Psychological First Aid following the dam collapse²⁰ it is unclear whether this service is being provided (no respondents mentioned using it).

A surge in communicable diseases and other illness is expected, linked to unhygienic and over-crowded living conditions in camps. Poor drainage is leading to grey water pooling around shelters and there are open sewers running through some camps. Mosquito-borne diseases are likely to proliferate in the wet season. Water-borne disease is already a major risk given the leaking septic system in Phindong camp, inadequate septic tanks in Don Bok and the fact that some people are choosing open defecation over latrines. Village leaders shared their concerns about how quickly disease spreads in the overcrowded camps.

Unhygienic conditions, Don Bok (left) and Dong Bak (right)



Clinics in the camps can provide free contraceptives and there has been some family planning promotion outreach by the district hospital. Health workers interviewed believed that contraception use (usually the pill or IUDs) was high among married couples. However, the GESI analysis encountered a 22-year-old woman who was pregnant with her third child, a 30-year-old woman with eight children, and a 39-year-old woman with six children. These cases indicate that, even prior to the floods, family planning use is far from universal and that large families are common.

Recent data on pregnancies and births among the affected communities is not available. Camp health workers reported that pregnant women visit them for pre-natal check-ups and village leaders and health workers in all camps said that pregnant women give birth in camp clinics or the district hospital. However, earlier reports found that some women were giving 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. In the

²⁰ Office of the UN Resident Coordinator. 21 September 2018. Lao PDR Floods: Humanitarian Country Team Information Bulletin No. 2.

more remote camps maternal health is also risked by distance to the district hospital which is hard to access in case of emergency during childbirth.

Respondents in Phindong and Tamoryod explained that ethnic minority groups are less likely to visit health services. This is consistent with existing evidence that ethnic 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 groups²¹.

Shelter

Minimum standards have not been met in the design and construction of the temporary residences. The shelters constructed in the temporary residence camps are poor quality and inappropriate for the geographic conditions. In a location in which temperatures hover between 35 – 40 degrees Celsius for several months of the year, the metal shelters are unbearably hot during the day. However, there is no respite outdoors as forests of trees were cleared to make way for the camps, leaving no shady areas.

Temporary residences, Phindong (left) and Hadyao (right)



Hadyao was the first temporary residence, built on the grounds of a primary school. It is also the most crowded 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. The other temporary residence camps are made up of individual buildings, with one or two households per building. People are cooking using charcoal or open fire in each camp, presenting a serious fire hazard. These uncomfortable, flimsy structures have little in common with the traditional houses that the affected communities previously lived in. Families that can do so are building wooden extensions onto the shelters to provide a more comfortable space. It was observed that marginalised groups – people with a disability, families with many children, and single headed households – were less likely to have house improvements.

Conclusions

Both women and men have lost their livelihoods and are under extreme financial stress in addition to being traumatised, depressed and bored. Communities who were once proud of being hard working are now reliant on others for their basic needs and are being denied the agency to make decisions about their futures. Food and cash supported provided to them is sufficient for survival but inadequate to rebuild a meaningful life.

While women have maintained (to some extent) their domestic responsibilities as wives and mothers, men's breadwinner roles no longer exist. Men's sense of dignity, identity and value may therefore be more challenged than women's, contributing to increased violence against women. Violence against women is triggered by

²¹ Ministry of Health. 2015. "Indigenous Peoples Planning Framework: Ethnic Group Development Plan." *Lao PDR: Health Sector Governance Programme*.

poverty, unemployment, listlessness, and stress. Men are consuming alcohol to relieve stress, and alcohol consumption leads to more violent behaviour. High rates of dropout for high-school aged girls is exposing them to early marriage, another form of gender-based violence.

People with a disability are facing extreme disadvantage. They are isolated, some have lost mobility aids, and their mobility is made difficult by the uneven ground, stairs and inaccessible WASH services within the camps. They are reliant on family members who are under extreme stress, potentially reducing the level of care they can afford for people with a disability. People with a disability are excluded from decision-making and other activities.

All residents of the temporary camps are living in unhygienic, inappropriate living conditions which put their physical and psychological safety at risk. As conditions in the camps deteriorate over time, so too will the well-being of the women, men, girls and boys affected by the collapse at the Xepien-Xenamnoy hydropower dam.

Recommendations

This report recognises the difficulty mobilising financial resources to support communities in the temporary residences in Sanamxay district. As such, the recommendations provided below present a modest set of interventions that could make meaningful improvements to the lives of affected people within a modest budget window. These recommendations are primarily targeted at donor agencies, UN agencies, and INGOs operating in Lao PDR.

Overarching recommendation: For donors and UN agencies

1. Refocus and maintain attention on affected communities

Just months after the disaster, the joint discussions among humanitarian partners' has been limited with clusters dormant and the Humanitarian Coordination Team not being called. Funding for recovery activities has been uncertain while the Post-Disaster Needs Assessment (PDNA) report is still waiting approval. It is important to note the PDNA was based on the situation among the evacuation centres which are now closed, with victims relocated to temporary residence camps. The move from evacuation centres to temporary residences has inherently changed the demographics, needs and environment.

It is recommended that stakeholders (international donors, UN agencies, INGOs) use their influence and connections to the Government of Lao PDR and the humanitarian community more broadly to: 1) refocus and maintain attention on Attapeu; 2) mobilise funds for recovery activities; and 3) influence the Government to ensure that the companies responsible for the dam collapse are fulfilling their responsibilities to support for communities to resume normal life as quickly as possible.

Recommendation for DFAT and AHP consortium partners

2. Share this report widely

There is a dearth of information available on the current situation in Sanamxay district and the PDNA has not been released to humanitarian partners. Information is not being shared with the humanitarian community, hindering informed decision-making about recovery support. This GESI analysis covers all five camps, and takes a nuanced look at how different people have been affected. Findings and recommendations should be disseminated widely for use by humanitarian partners, UN agencies and the Government of Lao PDR and inform future support.

Recommendations for donors, UN agencies and INGOs

3. Provide disability support services

These activities could represent 'quick wins' as they could be delivered relatively easily at low cost:

3.1 Mobility devices: The Central Medical Rehabilitation Centre can be contracted to outreach to the communities to conduct a clinical assessment of the mobility device needs of people with a disability, and then provide these devices based on their assessment.

3.2 Referrals to specialist services: Children with vision or hearing impairments may be eligible to access free education at the specialist blind and deaf schools that exist outside of Attapeu. Referrals should be offered to these children and their families.

3.3 Disability Rights Awareness Training: The Lao Disabled People's Association should be engaged to deliver this training in all five camps. It should target community members, leaders and teachers to address stigma and discrimination against people with disabilities, including children.

3.4 Camp accessibility improvements: Improvements needed include installation of seated toilets for those who struggle with squat toilets, ramps and paved paths. These improvements will also benefit others with mobility challenges, such as elderly people or pregnant women. It is recommended that these improvements be made through a cash-for-work scheme to provide income generation for others in the community.

4. Address triggers of violence against women

Two key triggers of violence against women should be prioritised: a lack of livelihood options, and school dropout (which can lead to early marriage, a form of GBV). *Any income-generating opportunities must target both women and men to avoid perpetuating harmful gender norms.*

4.1 Prioritise livelihood opportunities: Meaningful and productive income-generating activities will help to relieve some of the stress that can trigger violence against women. The following activities are suggested: Agriculture techniques that are appropriate for the small spaces available for cultivation; cash-for-work for both women and men; small grants to enable people to start/recommence small businesses; unconditional cash transfers to give women and men agency to make their own decisions about their recovery needs. Cash distributions and expenditure should be monitored closely to ensure that it is benefiting the whole family.

4.2 Prevent school dropout: School dropout prevention should focus on high school and prioritise girls' education, and boys' education in households without a male breadwinner. Specific activities to prevent school dropout include: cash/material support for school materials; supplementary scholarships for students who receive high school scholarships but lack the cash for expenses of living away from home; and safe transport to enable all children (including children with a disability) to access high school. Remote ethnic minority mentoring could also be provided to encourage ethnic minority students to take advantage of the free education offered at the ethnic minority boarding school in the Attapeu provincial capital. A mentoring program could match Sanamxay students in Grade Five with students already attending the boarding school for remote connection (via mobile phone) before the Sanamxay student enters high school. This could help to reduce some of the trepidation of leaving home for boarding school.

5. Promote adequate nutrition

Nutrition and livelihood activities should be linked, with affected populations supported with knowledge and inputs to grow nutritious foods in small spaces for household consumption. These activities should actively target people living with disabilities, the elderly, and their families. Activities to address harmful gender norms (recommendation seven) held with women and men can facilitate discussions to raise awareness about the nutrition needs of children under five and pregnant mothers. Additional attention should be paid to targeting ethnic minority families given that they may be less likely to seek medical assistance. The potential to trial social protection mechanisms such as conditional cash transfers for attendance at female and child health sessions and/or check-ups could be explored. Any nutrition promotion activities should target men, as well as women, to avoid reinforcing gender norms.

6. Resource and implement Women Friendly Spaces to respond to GBV

UNFPA and the Lao Women's Union's plans to implement Women Friendly Spaces (WFS) in all five camps should be resourced. WFS should serve multiple purposes, including: GBV referrals, psychosocial support, information sharing and activities for different groups including adolescent girls. WFS will need dedicated staff

with capacity in psychosocial support, case management and facilitation skills. GBV cases reported to WFS should link to multi-sectoral coordination and referrals. GBV data must be managed safely.

7. Address harmful gender norms

Games and dialogues are recommended to enable community members to critically analyse gender norms (including violence against women) in a fun, non-confrontational way. These activities can be integrated into any other sector programming (rather standing alone) and should draw from [CARE's Social Analysis and Action approach](#). They should be held with both women and men (including couples and women and men with disabilities). Themes to address through these sessions include: the gender division of labour and household decision-making; nutrition awareness for pregnant women and children (e.g. cooking competitions for men and women); school drop-out and early marriage; and rights awareness. These could complement WFS activities.

8. Engage men and boys, as well as women and girls

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 recovery activities should be offered to both women and 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.

9. 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.

References

- Albone, S. (2011). *Gender and Power Analysis for Remote Ethnic Groups*. Vientiane: CARE Laos PDR.
- Brahmi, A. and Poupphone, K. 2002. Study on Local Coping Mechanisms in Disaster Management: Case studies from the Lao PDR.
- CARE International in Lao PDR. 2018. Water for Women Gender, Equality and Social Inclusion Analysis.
- CARE International. Accessed August 2018. Rapid Gender Analysis Toolkit. <http://gender.care2share.wikispaces.net/CARE+Rapid+Gender+Analysis+Toolkit>
- 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.
- Lao Women's Union. 2018. Lao PDR Gender Profile.
- Ministry of Agriculture, World Food Program, Food and Agriculture Organisation and Oxfam. August 2018. Joint Rapid Food and Agriculture Assessment (PowerPoint presentation summary only).
- Ministry of Health. 2 August 2018. Joint Rapid Assessment: Laos Floods Attapeu Province.
- Ministry of Health. 2015. "Indigenous Peoples Planning Framework: Ethnic Group Development Plan." *Lao PDR: Health Sector Governance Programme*.
- 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.
- Office of the UN Resident Coordinator. 21 September 2018. Lao PDR Floods: Humanitarian Country Team Information Bulletin No. 2.
- UNICEF. Accessed 29 September 2018. https://www.unicef.org/mdg/laopdr_56003.html
- UNOCHA. 28 September 2018. Lao PDR Floods: Emergency Response Plan.
- UN Women. 2018. *Laos*. Accessed May 2018. <http://asiapacific.unwomen.org/en/countries/laos>.
- USA State Department. <https://www.state.gov/documents/organization/123363.pdf>
<http://www.wearelao.com/attapeus-ethnic-diversity>
- World Bank. Accessed 29 September 2018. <https://www.worldbank.org/en/country/lao/publication/lao-poverty-policy-brief-why-are-ethnic-minorities-poor>

