WOMEN AND YOUNG PEOPLE WITH DISABILITIES:

A needs assessment of sexual and reproductive health and rights, gender-based violence, and access to essential services

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Individual consultant
Judith Iakavai

Researchers
Tabi Holuon
Joyceline Iakavai
Maxuelle Nasak
Hellen Tamata
Winnie Tovu

PDF
Angeline Chand
Ruci Senikula

Sunflower Association

UNFPA
Emily Deed
Brian Kironde
Gideons Mael
Cindy Reijers
Kathleen Taylor
Olanike Adedeji
Pulane Tlebere

Vanuatu Disability Promotion and Advocacy Association

Vanuatu Society for People with Disability

WEI
Anastasia Holoboff
Janie Mejias
Stephanie Ortoleva
Suzannah Phillips
Hewan Solomon

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List of acronyms

CEDAW Committee	UN Committee on the Elimination of Discrimination against Women
CRPD	Convention of the Rights of Persons with Disabilities
CRPD Committee	UN Committee on the Rights of Persons with Disabilities
DPOs	Disabled people's organizations
FLE	Family life education
FPA	Family Protection Act
GBV	Gender-based violence
HSS	Health Sector Strategy 2021-2030
IEC	Information, education and communication
INGOs	International non-governmental organizations
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex, and queer
MOH	Ministry of Health
NGOs	Non-governmental organizations
PDF	Pacific Disability Forum
RMNCAH Policy	Vanuatu Reproductive, Maternal, Newborn, Child & Adolescent Health Policy and Implementation Strategy 2017 – 2020
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
UNFPA	United Nations Population Fund
UNFPA Pacific	United Nations Population Fund – Pacific Sub-Regional Office
VDPA	Vanuatu Disability Promotion and Advocacy Association
VFHA	Vanuatu Family Health Association
VSPD	Vanuatu Society for People with Disability
WEI	Women Enabled International

Executive summary

Due to the limited implementation of the Convention of the Rights of Persons with Disabilities (CRPD) and the national legal and policy frameworks on gender and disability rights, persons with disabilities living in Vanuatu experience extreme forms of marginalization and significant restrictions to their autonomy and self-determination. In particular, as this report reveals, they are prevented from fully realizing their sexual and reproductive health and rights (SRHR) and their rights to legal capacity and to be free of gender-based violence (GBV).

Women and young people with disabilities face high rates of GBV both within their families and in their communities. Marginalization and restrictions to personal autonomy also result in survivors with disabilities being unable to recognize and/or report GBV independently, a situation compounded by the lack of accessible information about GBV and available services, and persisting social attitudes that condone violence against women. Even when they decide to report, many GBV survivors with and without disabilities do not have access to the formal justice system, due to the extremely limited outreach of GBV services in rural and remote areas, the lack of adequate training among justice service providers on how to provide procedural accommodations and other support measures, and the lack of sign language interpreters and alternative forms of communication.

Although the State has committed to advancing SRHR for persons with disabilities, fully accessible and disability-inclusive sexual and reproductive health (SRH) services are still extremely scarce in Vanuatu. In particular, many women and young people with disabilities experience derogatory treatment from healthcare workers who are not adequately trained on how to provide these services. These attitudinal barriers—coupled with other physical and communication barriers—result in many persons with disabilities refraining from requesting SRH services. This situation is compounded for young persons with disabilities, many of whom lack access to alternative sources of information and services due to their exclusion from the education system, the delays in the implementation of the family life education curriculum, and the fact that SRHR is highly taboo in many families and communities.

When they do request SRH information and services, many women and young people with disabilities find that healthcare providers communicate directly with family members and support persons, including when obtaining informed consent for medications or procedures. Substitute decision-making results in harmful practices, such as forced sterilizations.

Summary of general recommendations

This report proposes general recommendations for the State to dismantle these barriers and advance the fundamental rights of women and young people with disabilities living in Vanuatu. The recommendations can be summarized as follows:

- Enact comprehensive disability legislation to advance domestic implementation of the CRPD.
- Adopt adequate policies to address the extreme marginalization of persons with disabilities.
- Mainstream the interests of women and young persons with disabilities across national action plans, strategies, and policies on gender equality, health, COVID-19, and disability rights.
- Ensure that women and girls with disabilities and disabled people's organizations (DPOs) are meaningfully consulted in decision-making processes that affect their rights.
- Improve the availability of GBV and SRH services that are fully accessible and disability-inclusive.
- Develop a National Sign Language.

Summary of issue-specific recommendations

This report also describes specific legal, policy, social, attitudinal, physical, information, and communication barriers impacting SRHR, legal capacity, and GBV for women and young people with disabilities and includes a series of specific recommendations for addressing them. These recommendations can be summarized as follows:

Recommendations for addressing **legal and policy barriers**

- Pass legislation enumerating the right of people with disabilities to legal capacity and bring existing laws and policies into compliance with article 12 of the CRPD.

Recommendations for addressing **social and attitudinal barriers**

- Recruit and mentor women and young people with disabilities as leaders of support groups and peer-to-peer networks.
- Support and expand existing DPO-led rights-based awareness-raising programmes on disability rights and inclusion.
- Strengthen the decentralization of the formal justice system and GBV services.
- Deliver comprehensive training programmes for a wide range of SRH and GBV service providers and justice sector personnel on disability inclusion.

Recommendations for addressing **physical barriers**

- Ensure disability-inclusive and accessible SRH and GBV services are available to women and young persons with disabilities living in rural and remote areas.

Recommendations for addressing **information and communication barriers**

- Develop disability-inclusive and accessible information, education and communication materials specifically targeting women and young people with disabilities to improve their awareness about SRHR, GBV, and services available to them.
- Train healthcare providers and support staff to provide information on SRH and GBV in a manner that is gender- and disability-inclusive, age-appropriate and culturally sensitive.
- Ensure persons with disabilities have access to inclusive education.
- Effectively implement the family life education curriculum.

1 Introduction and methodology

In 2020 the United Nations Population Fund Pacific Sub-Regional Office (UNFPA Pacific) engaged Women Enabled International (WEI)—in collaboration with the Pacific Disability Forum (PDF) and with the support of the Vanuatu Society for People with Disability (VSPD), the Sunflower Association, and the Vanuatu Disability Promotion and Advocacy Association (VDPA)—to conduct needs assessment research to identify the barriers preventing women and young people with disabilities living in Vanuatu from fully realizing their sexual and reproductive health and rights (SRHR) and their rights to legal capacity and to be free of gender-based violence (GBV). This report summarizes research findings and priority recommendations for the State to eradicate those barriers and advance the fundamental rights of women and young people with disabilities.

Research for this report consisted of (1) **desk research,** reviewing laws and policies of Vanuatu and available reports published by United Nations (UN) agencies, human rights monitoring bodies, and non-governmental organizations (NGOs); (2) **interviews with key stakeholders,** including State officials, local disabled people's organizations (DPOs), organizations providing sexual and reproductive health (SRH) services and gender-based violence (GBV) services, and UN agencies working in the country; and (3) **focus group discussions and interviews with women, girls, and young men with disabilities.** Due to COVID-19 travel restrictions, WEI was not able to conduct planned field research in Vanuatu, nor was WEI able to conduct site visits to independently verify information that we received from stakeholders as to facility accessibility.

Due to travel restrictions imposed by COVID-19, stakeholder interviews were conducted remotely by WEI staff and legal interns via Zoom or Skype (depending on the platform preferred by the stakeholder). WEI conducted interviews with the Vanuatu Ministry of Health, Vanuatu Disability Promotion and Advocacy Association, Vanuatu Society for People with Disability, UN Women, UNFPA Pacific, Care International, World Vision, Wan Smolbag, Vanuatu Family Health Association, and a representative from the Vanuatu-Australia Policing and Justice Program 2017-2020. Attempts to secure interviews with the Disability Desk, the Department of Women's Affairs, and the Vanuatu Women's Center were unsuccessful.

Focus group discussions and interviews were conducted by a group of researchers led by Judith Iakavai, an independent consultant with expertise on gender and disability, with assistance from PDF, the Vanuatu Society for People with Disability, the Sunflower Association, and Vanuatu Disability Promotion and Advocacy Association. Researchers were Hellen Tamata, Winnie Tovu, Maxuelle Nasak, Tabi Holuon, and Joyceline Iakavai. Six focus groups were conducted in Port Vila and Santo with a total of 22 female participants over the age of 18, and 11 male participants between the ages of 18 and 24. Researchers also conducted individual interviews with seven women with diverse disabilities over the age of 18 between May and June 2021.

Participants in focus groups and individual interviews were identified by the researchers with the support of Vanuatu Society for People with Disability, the Sunflower Association and Vanuatu Disability Promotion and Advocacy Association. Informed consent was obtained by: explaining the reason for the research and how the information would be used; outlining the types of questions in the interview, highlighting to the women that some questions were quite personal; assuring women of the confidentiality of their name and any details that would lead to their identification; and informing women that they could choose not to take part or answer any question or stop the interview at any time. The participants were informed that the research is critical to better understand the experiences that women and young people with disabilities have in their communities and in accessing essential services. They were also

told that questions only ask about their opinion or experience; there are no right or wrong answers. After women were invited to ask questions, their permission to carry out the interview was sought. Twice throughout the interview participants were reminded that their participation is voluntary and that they can refrain from answering any questions and stop the interview at any time.

Focus groups and interviews were conducted in Bislama and notes were translated to English. Quotes are as close to the original information communicated by the respondent as possible but are not verbatim in each instance. Nevertheless, they accurately capture the substance and information conveyed. They are included with quote marks to convey that the text has been taken directly from the interview notes. Where identifying information has been provided, such as the age, type of disability, and place of origin of the speaker, it is included with the express consent of the person interviewed.

While the focus groups and stakeholder interviews reflect a broad diversity of disabilities and service providers, there are some acknowledged gaps in this report, including the absence of individual interviews with young men with disabilities, women with psychosocial disabilities, and women and young people with disabilities currently living in outer-lying islands.

Disclaimer: The original methodology conceived for this research involved WEI field visits to Vanuatu to conduct stakeholder interviews, focus groups, and individual interviews in-person, along with site visits to verify information acquired through these interviews. However, due to the COVID-19 pandemic and global restrictions on travel, WEI was unable to travel to Vanuatu. Consequently, WEI has relied on the veracity of the information collected by Ms. Judith Iakavai and the team of researchers, and where possible has sought to cross-check information with other interviewees or online research whenever possible.

2 Priority issues at the intersection of gender and disability

This needs assessment research focuses on three priority issues impacting human rights at the intersection of gender and disability: SRH, legal capacity, and GBV. This section provides a brief overview of these issue areas globally and how gender and disability intersect to prevent women and young people with disabilities around the world from fully realizing their fundamental rights with respect to these issues.

Sexual and reproductive health: Reproductive health refers to the "state of complete physical, mental and social well-being, not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are: the rights of men and women to be informed, have access to safe, effective, affordable, and acceptable methods of family planning, including methods for regulation of fertility, which are not against the law, and the right of access to appropriate healthcare services to enable women to have a safe pregnancy and childbirth and provide couples with the best chance of having a healthy infant."[1] Sexual health, which is a component of reproductive rights, comprises of "the enhancement of life and personal relations, not merely counselling and care related to reproduction and sexually transmitted infections. It refers to the integration of the somatic, emotional, intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality, communication and love."[2]

Women and young people with disabilities have the same sexual and reproductive health rights as people without disabilities,[3] and they are just as likely to be sexually active as their peers without disabilities despite inaccurate stereotypical views to the contrary. Accordingly, they have the same SRH needs as women and young people without disabilities. Due to multiple and intersecting forms of discrimination on the basis of gender and disability—such as harmful stereotypes that people with disabilities do not have sex or are incapable of becoming parents—women and young people with disabilities face unique and pervasive barriers to accessing essential SRH services.

Legal capacity: Legal capacity is defined as "the ability to hold rights and duties (legal standing) and to exercise those rights and duties (legal agency)."[4] Legal standing and agency entitles a person to the full protection of their rights without state inference, and allows a person to engage in, create, modify, or end legal relationships.[5] In the SRH context, this might take the form of the right to consent to a medical procedure and withdraw that consent upon learning further information; the exercise of this right for persons with and without disabilities is often referred to as the right to informed consent.[6]

Due to both gender and disability stereotyping, women with disabilities are often deemed incompetent or unreliable when making decisions or entering into a legal relationship.[7] As a result, they are frequently subjected to substituted decision-making systems. In these systems, such as guardianship regimes, someone other than the person with the disability can be legally authorized to make legally binding decisions that impact that person's life.[8] Often there are limited safeguards in place for the person with a disability to challenge the loss of their legal capacity.

In countries with and without substitute decision-making regimes, people with disabilities also regularly experience substitute decision-making on an

informal basis. Informal substitute decision-making occurs when a person other than the individual with the disability is permitted to make a decision for the person with the disability without any formal authorization to make such a decision.[9] An example of an informal deprivation of legal capacity is an adult with a disability whose parent is asked to consent to a medical procedure or medication instead of the adult with the disability. Common informal substitute decision-makers include spouses, family members, or support persons. Informal deprivations of legal capacity are particularly insidious because of the lack of procedures and safeguards in place to protect the person with the disability.

The alternative to a substituted decision-making system—both formal and informal—is a supported decision-making system.[10] Supported decision-making programming enables all people with disabilities, regardless of their impairment, to be able to understand the pertinent information required to make an informed decision and to access the assistance they require to make a decision.[11]

Gender-based violence: GBV are acts "perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. The term 'gender-based violence' is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. As agreed in the Declaration on the Elimination of Violence against Women (1993), this includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life. The term is also used by some to describe some forms of sexual violence against males or targeted violence against LGBTIQ populations."[12] GBV can be perpetrated by intimate partners, family members, medical providers, educators, or employers and can take many forms, such as physical, emotional, sexual, and economic.[13]

Women with disabilities make up approximately one-fifth of the world's population of women and are two or three times more likely to experience certain types of GBV.[14] Despite the large number of women with disabilities affected, most laws and policies on GBV do not addresses the specific concerns of girls and women with disabilities.[15] The lack of disability-specific legal protections, coupled with inadequate accessibility mechanisms and lack of training across protective and preventative services and the justice sector—frequently prevent GBV survivors with disabilities from reporting the violence, seeking essential GBV services, and accessing justice.

3 Findings: Overview of the situation in Vanuatu

The Republic of Vanuatu is an archipelago nation in the South Pacific region.[16] The country consists of 83 islands,[17] of which only 65 are populated. Around 300,019 people live in the country, 77% of them in rural areas.[18] The median age of Vanuatu's population is 20 years, which reflects a young population structure.[19]

3.1. People with disabilities

According to the 2009 National Population and Housing Census, around 15 per cent[20] of the population of Vanuatu are persons with disabilities. The 2009 Census also documented that disability prevalence is significantly higher in rural areas (13.7 per cent) than in urban areas (3.4 per cent).[21] However, the 2009 Census did not provide disaggregated data on health, education and livelihood of people with a disability.[22]

The 2020 census data using the Washington Group short set of questions addresses some of these gaps and reveals that around 15,000 people with disabilities live in the country, most of them in rural areas.[23] Yet, it has been reported that enumerators did not receive proper training on the questions, which may negatively impact the accuracy of the data collected.[24] As recognized by the *National Gender Equality Policy 2020-2030,* "age, sex and disability disaggregated data is inconsistently collected and shared across government ministries and departments. Improved data collection, analysis and dissemination is needed for evidence-based planning and to track Vanuatu's progress in meeting its commitments against the *People's Plan* and international obligations under the UN Committee on the Elimination of Discrimination against Women (CEDAW) and other human rights treaties."[25]

Vanuatu has not enacted comprehensive disability legislation aimed at protecting and promoting the rights of persons with disabilities and advancing the domestic implementation of the Convention of the Rights of Persons with Disabilities (CRPD), ratified by the country in 2007.[26] As the UN Committee on the Rights of Persons with Disabilities (CRPD Committee) noted in its 2019 review of Vanuatu's implementation of the CRPD, the national normative framework neither "includes disability as a prohibited ground of discrimination" nor recognizes the denial of reasonable accommodation as a form of discrimination on the basis of disability.[27]

However, the rights of persons with disabilities were incorporated in *The People's Plan,* which guides the adoption and implementation of sectoral policies across the State. The Plan envisions the adoption of strategic actions to empower and support persons with disabilities; ensure the accessibility of government services, buildings and public spaces; and increase employment opportunities for persons with disabilities.[28]

Building on *The People's Plan,* the State has adopted a National Disability Inclusive Development Policy (2018–2025). The Policy is aimed at ensuring that persons with disabilities "enjoy their right to participate effectively in all areas of development in Vanuatu on an equal basis with others."[29] Through this policy, the State commits to engage women and girls with disabilities in leadership roles; and provide them with training on the CRPD.[30]

There has been limited implementation of the CRPD and national policies on disability rights—due to the allocation of insufficient resources and the absence of effective monitoring and evaluation mechanisms.[31] This is reflected in the persistent extreme marginalization of persons with disabilities living in the country. Since disability is still seen as a curse or a punishment to the person's family,[32] many persons with disabilities are hidden away by their families and experience extreme forms of violence both within their families and in their communities.

Furthermore, due to the perception that they have nothing to contribute to society, persons with disabilities face significant barriers to participate in their communities. In particular, they have limited access to education *(See Information and Communication Barriers - Issue 1: Women and young people with disabilities lack accessible information on SRH and GBV)* and employment and are overrepresented among those living in poverty.[33]

As a result of the lack of a national sign language in Vanuatu,[34] these patterns of marginalization are particularly prevalent among Deaf and hearing-impaired people. Most of them are only able to communicate with family members through basic gestures, home signs, and lip-reading, a situation that exacerbates their isolation and exclusion from the community and prevents them from having autonomous access to basic information about their rights and SRH and GBV services.[35]

Marginalization is also compounded for women and young people with disabilities, as a result of intersectional forms of discrimination based on their gender, age and/or disability. The participation of women with disabilities in the education, employment[36] and political spheres is especially limited. In particular, they are not "systematically involved in decisions that affect their lives and do not have the opportunity to express their opinion on matters that affect them directly."[37]

The Vanuatu Society for People with Disability is the only service provider that works with people with disabilities in the country. Its work focuses on early-intervention (for children up to the age of seven) and community-based rehabilitation programmes. It also collaborates formally and informally with several SRH and GBV service providers, such as the Vanuatu Women's Centre and the Vanuatu Family Health Association, to improve their capacity to provide disability-inclusive services.

In addition, Vanuatu Society for People with Disability runs a community engagement program to raise awareness of the rights of persons with disabilities. It also coordinates support groups for persons with disabilities themselves, including a support group for women and girls with disabilities through the Sunflower Association.

The Vanuatu Disability Promotion and Advocacy Association is the only national organization of people with disabilities in Vanuatu. It has 32 affiliates in six provinces across the country. Its mandate is to advocate for rights and promote abilities for people with disabilities. The Vanuatu Disability Promotion and Advocacy Association also runs training programmes for persons with disabilities to become self-advocates for their rights. It also trains and provides technical assistance to State agencies, international non-governmental organizations (INGOs) and local non-governmental organizations (NGOs) and other stakeholders interested in expanding their knowledge on disability inclusion and the CRPD.

3.2. Sexual and reproductive health

The *National Disability Inclusive Development Policy (2018–2025)* aims at ensuring that the population of Vanuatu has "equitable access to affordable, quality health care through the fair distribution of facilities that are suitable resourced and equipped."[38] It also promotes the adoption of strategic measures to guarantee that women with disabilities have "access to strengthened sexual and reproductive health and justice services."[39]

The *Health Sector Strategy (HSS) 2021-2030* provides strategic directions and approaches to meet these policy objectives.[40] It expressly recognizes that meeting the health needs of people with disabilities, women and girls, adolescents, GBV survivors, and "people identifying with diverse Sexual Orientation, Gender Identity and Expression" requires "resourced, targeted interventions and support systems to assist them to access the mainstream health services that are available to all, and for the provision of specific services that meet their individual health needs."[41]

The HSS also aims at "reinforcing public health and clinical service delivery and ensuring equitable access to affordable, quality health care."[42] To that end, the Ministry of Health will work to "improve quality maternal and child health service coverage;" "ensure a suitable acute, and longer-term health sector response to the prevention and management of sexual and gender-based violence and child protection issues, including systematic protocols and resources for receiving and supporting survivors;" "increase

awareness and uptake of family planning services"; and "improve quality, range and accessibility of targeted health messaging and services for adolescents and young people, with a particular focus on mental, sexual and reproductive health services."[43]

The *National Disability Inclusive Development Policy (2018–2025)* is also in line with the *Vanuatu Reproductive, Maternal, Newborn, Child & Adolescent Health Policy and Implementation Strategy 2017 – 2020* (RMNCAH Policy).[44] The RMNCAH Policy encompassed a series of strategic actions to guarantee that "all people in Vanuatu are enabled to exercise their contraceptive choice safely and freely and all women, men and young people have access to affordable methods of quality family planning services, commodities and information."[45] It also aimed at improving access to quality, affordable and sustainable reproductive health services among women and girls in both urban and rural areas, among other actions.[46] Although it recognized that people with disabilities have "limited power over their health and sexual and reproductive choices, and limited access to accurate information and relevant services,"[47] the Policy did not enumerate any specific measure to advance SRHR for women and girls with disabilities.

A new *Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025* has been developed to "support the Government and all stakeholders within Vanuatu to work towards the full attainment of its citizens' sexual and reproductive health and rights…, with particular focus on women, girls and people with disability, whose limited power over their sexual and reproductive choices, and limited access to accurate information and relevant services can contribute to their vulnerability."[48] In particular, the Policy "commits to an integrated services approach in which family planning information and commodities (as well as HIV and STI testing and a range of other essential RMNCAH services) can be accessed from a health facility at any time, regardless of the main reason for the visit."[49]

According to the Policy, "this integrated approach is necessary for encouraging uptake of contraception, especially for those who have difficulty accessing health facilities, such as people with disability."[50] The Policy also stresses that all data on RMNCAH to be collected and disseminated should be disaggregated by age, gender and disability "to ensure interventions are meeting [the] needs of key target, vulnerable groups."[51]

In practice, many persons with disabilities experience humiliating and even abusive treatment from healthcare providers that are not adequately trained on how to provide respectful care to them (See *Social and Attitudinal Barriers- Issue 3: Lack of appropriate training and stigma among providers impact the accessibility and quality of SRH and GBV services*). In this context, many persons with disabilities do not feel comfortable asking for them and making autonomous decisions on their sexual and reproductive health (See *Information and Communication Barriers - Issue 1: Women and young people with disabilities lack accessible information on SRH and GBV*).

Persons with disabilities also report significant physical barriers to access healthcare services, including the lack of accessible medical equipment and facilities. A health facility readiness and service availability assessment conducted in 2020 found that less than 15 per cent of the healthcare facilities assessed have ramps for wheelchair access, examination rooms or bathrooms with wheelchair access, adjustable examination beds, and/or interior and/or exterior pathways marked for easy navigation examination rooms with wheelchair access. Accessible information, education and communication (IEC) materials, intake forms and other information were available in less than four per cent of the facilities.[52]

The impact of these barriers is compounded for young persons with disabilities. Most of them lack access to alternative sources of SRH information and services, due to their exclusion from the education system, the delays in the implementation of the family life education curriculum in both schools and out-of-school settings, and the fact that SRH is highly taboo in many families and communities.

3.3. Legal capacity

The *National Disability Inclusive Development Policy (2018–2025)* recognizes that persons with disabilities have the right to "make their own choices and decisions."[53] However, many of them, particularly those with intellectual or psychosocial disabilities, are deprived of their legal capacity in law and in practice.[54]

Under the Criminal Code, a person with a psychosocial disability charged with a criminal offense may be placed under guardianship and institutionalized if

deemed unfit to plead or stand trial.[55] The Matrimonial Causes Act also infringes the right of persons with psychosocial disabilities to marry and form a family, as their marriage may be deemed void on the basis of their disability.[56] Psychosocial disability is also a ground for divorce.[57]

In practice, irrespective of the legality of substituted decision-making, participants in focus groups report that persons with disabilities are generally prevented from making autonomous decisions about their life plans, a situation that is compounded for women and young people with disabilities. Most of them are not allowed to leave their houses and participate in the community. Substitute decision-making is also prevalent in healthcare settings, which negatively impacts their access to SRH services and results in harmful practices, such as forced sterilizations (See *Legal and Policy Barriers. Issue 1 – Formal and informal deprivations of legal capacity are commonplace in Vanuatu, including in the provision of SRH services and Social and Attitudinal Barriers. Issue 1: Stigma and harmful stereotypes result in GBV against persons with disabilities and denials of their autonomy and self-determination.*)

3.4. Gender-based violence

GBV is a serious and widespread problem in Vanuatu,[58] especially in rural areas.[59] Sixty percent of women who have had intimate partners have experienced some form of physical or sexual violence (or both) from a partner. Rates of GBV perpetrated by family and community members are similarly high (48 per cent).[60] In recent years, there has been a significant increase in online GBV.[61]

The UN Committee on the Elimination of Discrimination against Women (CEDAW Committee) has expressed its concern about the persistence of harmful practices such as bride price and accusations of witchcraft against women in Vanuatu, which result in them being subjected to violence or murdered.[62] The Committee has also noted that "sexual abuse of girls under 15 years of age is one of the highest in the world, and that nearly 1 in 3 women has been sexually abused before that age, mostly by male family members and partners."[63] In addition, Vanuatu's rates of child marriage are the highest in the Pacific.[64]

Participants in focus group discussions and stakeholders interviewed as part of this research agree that women and girls with disabilities—particularly those with sensory and intellectual disabilities—are exposed to a higher risk of sexual and physical violence both within their families and in their communities.[65] Deaf women, in particular, have been targeted for sexual violence, due to the common belief that "there is nothing that they can do"[66] to report it.[67] However, available data on the prevalence of GBV in Vanuatu is not disaggregated based on disability, and there is no State mechanism for monitoring cases of violence against persons with disabilities.[68]

In 2008, Vanuatu became the first Pacific Island country to pass specific legislation on domestic violence under the *Family Protection Act* (FPA). The Act criminalizes domestic violence and provides for protection orders.[69] However, its implementation has been slow and complex (See *Physical Barriers - Issue 1: Geographic barriers prevent women and young people with disabilities living in rural and remote areas from accessing SRH and GBV services*).[70]

Eradicating GBV and ensuring survivors have access to protection and justice services are key strategic areas of both *The People's Plan*[71] and the *Vanuatu National Gender Equality Policy 2020-2030.* Key policy objectives to advance these goals include:

- To undertake legislative reforms and bolster national leadership on ending discrimination and violence against women and girls;
- To address discriminatory attitudes, norms and behaviors, and promote healthy relationships between women and men;
- To deliver an integrated survivor-centered services with improved quality of healthcare and protection for women and children affected by violence;
- To ensure the accountability of justice systems and institutions in safeguarding women and children, and supporting family reconciliation.[72]

According to the Policy, the State is committed to improving access to SRH and justice services for women and girls with disabilities and to develop "specific programs to eliminate violence, including

sexual abuse and exploitation, against women and girls with disabilities."[73] The State is also planning to conduct a second national prevalence and incidence survey on GBV, develop a national framework and action plan on ending GBV, implement behavior change programs for men and boys, promote community leadership on ending GBV, deliver family life education, SRH, and gender equality programs, among other priority actions.

In practice, many women and girls with disabilities lack basic information about their rights and the fact that GBV is a crime. They also do not know how to recognize and/or report such violence and/or may fear the reaction of their families and communities if they do so (See *Social and Attitudinal Barriers- Issue 2: Social attitudes towards women and persons with disabilities impact access to justice for GBV survivors with disabilities*).

In this context, most cases of GBV against women and girls with disabilities are not reported and/or "are dealt with through reconciliation in the women's villages"[74] (See *Social and Attitudinal Barriers- Issue 2: Social attitudes towards women and persons with disabilities impact access to justice for GBV survivors with disabilities*). GBV services, including the facilities of the Family Protection Unit of the Vanuatu Police and most courthouses, are still not fully accessible for people with disabilities.[75] In addition, the availability of these services is particularly limited in rural and remote areas (See *Physical Barriers - Issue 1: Geographic barriers prevent women and young people with disabilities living in rural and remote areas from accessing SRH and GBV services*).[76]

Accessible information, sign language interpreters and alternative forms of communication are generally unavailable within the justice system.[77] Its staff also lacks adequate training on the rights of persons with disabilities and how to guarantee that persons with disabilities have access to procedural accommodations and other support measures.[78] As a result, many GBV cases are dismissed because persons with disabilities cannot provide first-hand evidence. Vanuatu Disability Promotion and Advocacy Association usually provides support to persons with disabilities to overcome these barriers and navigate the justice system, but it does not receive financial support from the State to finance these services.[79]

3.5. COVID-19 and tropical cyclone Harold

As of November 2021, there had been no evidence of local transmission of COVID-19 since the beginning of the pandemic.[80] However, measures adopted to prevent the spread of the virus—including border closures and restrictions to tourism and trade—have had a huge socio-economic impact on the country.

At the early stages of the pandemic, the impact of COVID-19 was compounded by the destruction caused by tropical cyclone Harold. The cyclone struck the country in April 2020 and disrupted the lives of 43 per cent of the population.[81] People with disabilities' households were among the most affected.[82]

Due to the combined effects of COVID-19 and tropical cyclone Harold, there has been an increase in GBV against women and girls with and without disabilities.[83] The destruction of houses and basic infrastructure caused by the cyclone in some regions forced women with disabilities to live in extremely precarious conditions, exposing them to an even higher risk of violence.[84]

Women with and without disabilities have also experienced higher unemployment rates and a significant decrease in their income.[85] To address this impact, OXFAM has implemented the *Unblocked Cash Transfer* program in the Sanma, Shefa, and Tafea provinces, with the support of Vanuatu Society for People with Disability and other implementing partners. Beneficiaries receive a special tap and pay card with credit on it to finance basic living expenses.[86]

According to participants in focus groups, the program has significantly contributed to ameliorating the economic impact of the pandemic in their families. However, they recognize that "in other places where there is an absence of any form of support, the situation is much worse for persons with disability."[87] In this regard, some participants reported that their families have usually not been able to buy food, which has resulted in higher rates of violence and neglect towards them. This situation has also reinforced the social belief that persons with disabilities are a burden to their families.[88]

At the early stages of the pandemic, access to essential services and supplies was also disrupted due to restrictions on movements and the need to reassign facilities to plan for potential outbreaks.[89] In addition, tropical cyclone Harold caused significant damage to essential infrastructure, including facilities providing SRH services.[90]

Interviewees and focus group participants generally indicated that they were able to access information about COVID-19, either through radio, road signs, DPOs, NGOs, or family members. In addition to the strategies implemented by the State, Wan Smolbag, Vanuatu Society for People with Disability, Vanuatu Disability Promotion and Advocacy Association, Care International and other NGOs have actively worked to distribute protection supplies and inform communities about the virus.

DPOs have also been involved in advocacy actions to ensure that State policies and actions on COVID-19 adequately incorporate the needs and rights of persons with disabilities. In particular, since many persons with disabilities fear that they would be left to die if they get the virus, DPOs have advocated for the State to produce information reassuring them that COVID-19 healthcare services would be available for persons with disabilities.[91]

The *Vanuatu Recovery Strategy 2020-2023* is the main policy developed by the State to support communities impacted by both tropical cyclone Harold and COVID-19. Key outcomes to be achieved include the strengthening of the health system to deliver improved primary health care services, public health interventions, surveillance activities, and maternal and child health and nutrition services,[92] and the improvement of standards of living and cyclone resilience for people with disabilities, women, children, the elderly and people living in peri-urban communities.[93]

4 General recommendations

Recommendation 1: Enact comprehensive disability legislation to advance domestic implementation of the CRPD, particularly in relation to Articles 6 (women), 12 (equal recognition before the law), 16 (freedom from violence), and 25 (health).

Recommendation 2: Adopt adequate policies to address the extreme marginalization of persons with disabilities, including by implementing strategic interventions to strengthen their autonomy and their access to education, employment and opportunities to participate in the community. Collaborate with DPOs in the development and/or of public information and awareness-raising campaigns addressing the rights of women and young persons with disabilities and promoting the eradication of stigma towards and harmful stereotypes about them.

Recommendation 3: Mainstream the interests of women and young persons with disabilities across national action plans, strategies, and policies on gender equality, health, COVID-19, and disability rights. Allocate adequate resources to guarantee the effective implementation of the *National Disability Inclusive Development Policy (2018–2025), the Health Sector Strategy 2021-2030, the Vanuatu National Gender Equality Policy 2020-2030, the Vanuatu Recovery Strategy 2020-2023, the Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025,* and develop effective monitoring and evaluation mechanisms, including by collecting updated data on GBV against women and girls with disabilities and disaggregating national census data by disability, gender and age.

Recommendation 4: Establish formal consultation mechanisms to ensure that women and girls with disabilities and DPOs are meaningfully consulted in decision-making processes that affect their rights, including during the design, development, implementation, monitoring and evaluation of action plans, strategies, and policies on gender equality, health, COVID-19, and disability rights. Ensure DPOs have sufficient support and financial resources to strengthen and expand their SRH and GBV training for both public, private and/or non-governmental entities and people with disabilities, especially those living in rural and remote areas.

Recommendation 5: Implement strategic actions to improve the availability of GBV and SRH services—whether provided by public, private, or non-governmental entities—that are fully accessible and disability-inclusive. Invest adequate resources to expand their availability in rural and remote areas.

Recommendation 6: Adopt and expedite appropriate measures to develop a National Sign Language.

5 Legal and policy barriers

5.1. Issue 1: Formal and informal deprivations of legal capacity are commonplace in Vanuatu, including in the provision of SRH services.

Persons with disabilities in Vanuatu are generally entitled to equal recognition under the law. In particular, the *National Disability Inclusive Development Policy (2018–2025)* recognizes that "persons with disabilities have the right to empowerment and autonomy, including the freedom to make their own choices and decisions."[94] However, in law and in practice, women and young persons with disabilities are denied this right, including in the provision of SRH services.

Participants in focus group discussions highlighted that many persons with disabilities are not allowed to make their own decisions due to the stigma associated with their disability.[95] They also emphasized that this situation is compounded for women and young people with disabilities, as a result of intersectional forms of discrimination. Due to the lack of a National Sign Language, Deaf and hearing-impaired people are also particularly prevented from making decisions about their life plans.[96]

> *"Because of my disability, at home, I am seen as nobody. I cannot make my own decisions… Since we are women and persons with disabilities, family members will often ignore what we want for ourselves."*
>
> – Woman with physical disability from Port Vila (age not disclosed)

In the area of SRH services, the RMNCAH Policy 2017 – 2020 recognized the right to every person "to individually consent to contraceptive use, including sterilization, be they an unmarried woman, or a woman with disability (with the exception of a client with a medically diagnosed, severe mental health condition which impacts on their capacity to make informed decisions)."[97] Infringing the rights of persons with intellectual and psychosocial disabilities, the *Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025* includes a similar provision.[98]

However, denials of legal capacity in the provision of SRH services extend beyond formal substituted decision-making. According to a health facility readiness and service availability assessment conducted in 2020, the staff of 62 of the 160 facilities assessed requires consent from a caregiver in order to provide SRH services.[99]

According to participants in focus groups, where women and girls with disabilities are accompanied by family members or support persons, healthcare providers tend to communicate directly with them. As a woman stated, "if you are with a caregiver or a family member, then [doctors and nurses] just allow them to talk on your behalf, as a person with a disability I can't talk anymore."[100]

> *"The nurses asked my mother to go and sign a paper so that I could have C- Section. My mother went to sign the form and I was taken to the theater. I did not know what was going on there. I just felt that my belly was empty."*
> – 49-year-old woman with a visual impairment from Port Vila

Participants also referred to persons with disabilities being sterilized without their informed consent. A participant shared the experience of a woman with an intellectual disability who was sterilized after a person from her community "took her to the hospital and signed the papers to stop her from having children because [this person] saw her home struggling with her children."[101] A support person of a participant also explained how healthcare workers asked her if she would agree for her daughters with disabilities to be sterilized. She refused and argued "it's not my decision to make. My daughters are old enough to make their own decisions."[102]

Participants in focus groups and stakeholders interviewed stressed that awareness-raising is key to ensure people with disabilities can make autonomous decisions in relation to their SRHR and beyond.[103] Vanuatu Disability Promotion and Advocacy Association has also identified that "women who have attended workshops [on the rights of persons with disabilities] and have been empowered are more likely to make their own decisions. For those who have not been empowered, are more likely to rely on family members (especially mothers) to make decisions for them."[104]

Recommendations for addressing legal and policy barriers

Pass legislation enumerating the right of people with disabilities to legal capacity and bring existing laws and policies on legal capacity and substituted decision-making into compliance with Article 12 of the CRPD. Develop and implement service provision protocols, along with safeguards, to ensure persons with disabilities can provide informed consent for SRH services, following informed counseling. Train SRH service providers and support staff on understanding legal capacity and how to obtain informed consent from people with disabilities themselves. Create awareness-raising programmes for people with disabilities and their families relating to legal capacity, autonomy and SRH.

6 Social and attitudinal barriers

6.1. Issue 1: Stigma and harmful stereotypes result in GBV against persons with disabilities and denials of their autonomy and self-determination.

Several participants in focus groups and individual interviews reported feeling that people treat them differently due to their gender and/or their disability. They stressed that "most times, people discriminate against us, leave us behind, and ignore us too. They discriminate us. They spoke very negatively about us and this always makes us feel uncomfortable and discouraged."[105] A woman with a physical disability added: "as women, our culture already looks down on us. Being a [woman with a] disability is even worse".[106]

Denials of autonomy and self-determination

As a result of stigma and discrimination against them, many families deny people with disabilities the opportunity to make autonomous decisions and participate in their community on an equal basis with others.[107] This is particularly so for young people with disabilities who are "treated differently [by their families] because they are young and they want to participate [in the community] and do a lot of different things that other young people do."[108] In particular, "some families disapprove of young people with disabilities enjoying social life or having boyfriends or girlfriends."[109]

Family members also tend to restrict the ability of persons with disabilities to have or raise their own children. Many persons with disabilities are told: "do not make [the] mistake of having unwanted pregnancy because if you get pregnant who will look after the baby. You cannot have a baby because already we are looking after you."[110]

These attitudes result in many women and girls with disabilities placing their children for adoption. A participant explained that she "[knows] of a mother with intellectual disability who [after giving birth] asked [another woman] if she wanted the baby, because she had two other children at home and her parents didn't want her to have another child. [The woman] accepted the baby."[111]

> *"I know of girls with a disability who are not allowed to go out. If they do, the families will hit or smack them. The families are protective because boys will abuse them… Hitting them is a way the family tries to scare them. They think hitting them will make them scared to go out"*
> - 26-year-old woman of short stature

> *When I got pregnant my family was not very happy with me… Even though I was working…, they told me that I cannot look after myself and I cannot look after the baby… 'that's another burden'. They even say 'what if [your] child is disabled like the father or like you?' My uncle even smacked me with a tree branch. They did not care that as a person with a disability I can make my own decision."*
> – A woman with a physical disability from Port Vila (age not disclosed)

Gender-based violence against women and girls with disabilities

According to participants in focus groups, "despite so many awareness-raising [initiatives] regarding violence in our communities, people still do not recognize people with disability [as right-holders] and don't care about us."[112] As a result, "women and men with disabilities face violence at home and in our communities and more often by family members."[113]

> *People do not respect men and women with disabilities in our community. They are so violent against us, especially to those of us who can't talk or defend [ourselves]."*
> -Young man with a disability from Port Vila (age not disclosed)

Persons with disabilities are also particularly exposed to sexual violence. Participants explained that this form of violence "happens in every island and community. People take advantage of people like us. It happens outside and inside the homes as well,"[114] and families "are not always supportive to stop it. They just let it happen."[115]

One participant described how one of her friends has been repeatedly sexually assaulted by boys in her village in Bank, who targeted her for being a woman with an intellectual disability. She described how, due to "lack of awareness around disability and sexual violence in her community, people do not really care about her and the impact of the abuse in her life,"[116] which has resulted in the perpetuation of this violence.

Participants have also stressed the importance of awareness-raising initiatives as a key strategy to address persisting patterns of stigma, discrimination and violence against persons with disabilities. A male participant in focus group discussions explained that "in the past, my community will treat me so bad or discriminate against me when I went out to play. Then I join [another participant] at [a local organization providing services to persons with disabilities]. We started to share our problems and she encouraged me to stand up for myself. So then, I went back to my community and talked about the rights of people with disability and that they should be treated equally to everyone….Now, I move freely in my community and my community no longer treats me like before."[117]

> *We have no other places, but here to share our voice. I think we need to do more awareness to say to people without disabilities that we may have a disability, but that does not give [them the] right to sexually, physically [or] emotionally abuse us. They don't see [that they must] stop violence against us."*
> – A woman with a physical disability from Port Vila (age not disclosed)

6.2. Issue 2: Social attitudes towards women and persons with disabilities impact access to justice for GBV survivors with disabilities.

Although there has been increased community recognition of women's rights in the last few years,[118] GBV is still accepted and condoned by many communities in Vanuatu as a way of "disciplining" women. There is also the belief that men have a right to be violent towards their partners[119] and to maintain a high level of control and power over all aspects of women's lives, including their reproductive options and decision-making.[120]

> *"If I don't want to have a child, I can go to the hospital and talk to the doctor [and tell him] 'I have a lot of children, I want to stop having children'. The doctor will then send you back to your husband and you will discuss [the issue] with him… Sometimes the husband may say 'no, I am the boss. I will say whether or not to take family planning'. Then, that's it for us… [because this] may [lead to] violence [against us]."*
>
> -50-year-old woman with a physical disability from Port Vila

Many women have internalized this power structure. For instance, according to the Vanuatu Women's Centre, 60 per cent of women agree with at least one alleged "justification" for a man to beat his partner, and a significant percentage of them (12-23 per cent) think they do not have the right to refuse sex in some situations.[121] GBV survivors have also indicated that, before seeking assistance, they thought violence was "normal" and/or authorized by law.[122]

In this context, many GBV survivors do not tell anyone about the violence they are experiencing and/or never ask anyone outside their family for help.[123] Women's reluctance to report GBV may also be driven by fear of the community's reaction, particularly if they resort to State services instead of chiefs and community leaders.[124] In addition, men's high level of control and power over women makes it impossible for many of them to report violence.[125]

This situation is compounded for women and girls with disabilities. In a context where many persons with disabilities rarely leave their homes and experience significant restrictions to their autonomy and self-determination,[126] many GBV survivors with disabilities depend on the support of family members and caregivers to be able to report and break the cycle of violence.[127]

However, addressing violence against women and girls with disabilities tends to be deprioritized within families. A woman with a physical disability explained that "as women with disability, we are seen as useless, so when [sexual violence against a woman with a disability occurs, family members] don't care about it. Sometimes families handle [these cases] at home as family matters. Many times families do not want to report these issues to chiefs or the police."[128] In particular, they notice that when sexual violence occurs against a woman without disability "families act quickly to sort this issue out, but when it happens to us, they just don't care."[129]

This pattern is normalized by many communities who believe that, when the GBV survivor is a person with a disability, the decision to report should rest on their families, irrespective of the will of the survivor and in spite of the fact that oftentimes the perpetrator is a family member.[130] In this regard, participants in focus groups stressed the need to raise awareness among the community on the rights of persons with disabilities, including their right to access to justice.[131]

On the other hand, participants identified that the support of community leaders can be an enabling factor for reporting violence. A participant in a focus group explained that "if we talk to a woman leader who is an advocate for domestic violence, she can take our case to the chief. We may find it hard to talk to [him about this issue]. Therefore the woman leader can find or support us to get help."[132]

The reliance survivors—with and without disabilities—have on community chiefs, church leaders and conflict managers to address GBV cases is based on the important trust communities living in more remote

areas have in their authority to resolve conflicts through non-violent approaches and customary law.[133] In addition, survivors may not be aware of the options available to them within the formal justice system.[134]

However, many community leaders are reluctant to even discuss women's rights[135] and may encourage survivors—with and without disabilities—to remain silent.[136] Other chiefs and conflict managers address GBV cases through reconciliation procedures and customary practices, instead of referring survivors to the formal justice system and other GBV services.[137]

In this regard, the *Vanuatu National Gender Equality Policy 2020-2030* recognizes that "chiefs are exercising customary law to settle disputes or to determine whether a case should be reported to the police. This is more common in rural and remote communities where there is little or no police or court presence."[138]

In spite of this resistance, an increasing number of chiefs and church leaders are playing a significant role in both preventing GBV—by contributing to transforming social norms and stigma towards women and their rights—and referring survivors to GBV services.[139] However, many community leaders from rural and remote areas find it impossible to make these referrals due to the extremely limited outreach of GBV services in these regions, which renders them ineffective and/or inaccessible (see *Physical Barriers-Issue 1: Geographic barriers prevent women and young people with disabilities living in rural and remote areas from accessing SRH and GBV services*).

Even when they report to the formal justice system, GBV survivors face several barriers that negatively impact their right to access justice. In this regard, although the Family Protection Unit within the Vanuatu Police is perceived to be deeply committed to processing GBV cases,[140] its facilities are not physically accessible for persons with disabilities.[141] The Unit also lacks enough resources to process its significant caseload in an expedited way.[142]

In violation of their duties under the *Family Protection Act,* police officers who do not work for the Family Protection Unit may still refuse to open files on GBV cases and refer survivors back to community leaders.[143] They may also discourage survivors to report GBV, arguing that they will have to continue living with the perpetrators once the protection order is terminated. Some police officers also consider it is not their duty to serve protection orders.[144] There are also long delays in the processing of cases and issuing of judgments,[145] due to the allocation of scarce resources for the justice system to process a significant amount of GBV cases, among other reasons.

> *"[A friend of mine with disabilities] was raped on a bus while going home. Her family filed a report at the police station, but nothing has happened ever since. I asked her recently if there was anything from the police regarding her case and she replied 'I have reported a similar case like this before and they never came back to me.'"*
>
> – A woman with a physical disability from Port Vila (age not disclosed)

Available data on access to justice for persons with disabilities in Vanuatu is extremely scarce. Thus, it is not possible to identify whether and how intersectional discrimination against women and girls with disabilities exacerbate the impact of the social and attitudinal barriers described in this section. In this context, it would be important for the State to produce quantitative and qualitative data on access to justice for women and girls with disabilities, in order to identify and address any specific social and attitudinal barriers that may be preventing them from accessing justice for GBV.

6.3. Issue 3: Lack of appropriate training and stigma among providers impact the accessibility and quality of SRH and GBV services.

As already mentioned, in Vanuatu, persons with disabilities face stigma, negative attitudes, and marginalization, both within their families and in the community. These negative attitudes impact access to needed health services. As a woman with a physical disability explained, "sometimes I receive good treatment, but sometimes not. Sometimes I really need to [be] very sick to get [the] attention" of service providers.[146] A Deaf woman added, "when I was in labor, I was crying, but no one wanted to help me in the hospital."[147]

When they do have access to health services, many persons with disabilities receive humiliating and sometimes abusive treatment. Most participants in focus groups consider that "in most cases [women with disabilities] are treated differently"[148] in health care settings. Male participants also mentioned that nurses and doctors do not show "appropriate approaches" when providing services to them, including by not being "kind and friendly" and not providing them with detailed and clear information.[149] Derogatory treatment is particularly prevalent against women with disabilities during labor and delivery.[150]

This situation is compounded due to the lack of training among health care workers on how to provide disability-inclusive services[151] and the unavailability of specialized services for people with disabilities.[152] A health facility readiness and service availability assessment conducted in 2020 found that "Most facilities do not have the training or guidance to provide services to people with disabilities. Fifteen per cent of facilities have providers trained about how to serve persons with disabilities. Only three per cent (5) of facilities have guidelines or job-aids regarding service provision for those with disabilities."[153]

According to participants in focus groups, many times "nurses and doctors face difficulties to understand what a person with disability really wants,"[154] "do not know about [their] disability or impairments,"[155] and/or "are not instructed well enough on the rights of women with disability."[156] As a result, "when [women and girls with disabilities requests services], instead of treating them nicely, some nurses are very rude."[157] DPOs interviewed agree with this analysis[158] and report significant attitudinal shifts among healthcare providers who have participated in training sessions organized by Vanuatu Disability Promotion and Advocacy Association.[159]

Attitudinal barriers displayed by providers result in many persons with disabilities refraining from requesting SRH services. This is particularly problematic as they may not have access to alternative sources of SRH information, since these issues are still highly taboo in many communities, particularly in rural and remote areas.[160]

> *"[When] I went to a health care center... the health workers did not treat me very well. Everyone… ignored me and discriminated against me. I felt ashamed. I covered my head with my Calico and went back home"*
> - 47-year-old Deaf woman from Tongoa

Several participants in focus groups reported positive experiences with health care services, including those provided by the Kam Pusem Hed Clinic (KPH). KPH is particularly valued by many participants as they find the staff to be friendly, trained on the provision of disability-inclusive services, able to provide them with detailed information on family planning, and respectful of their right to make their own decision without undue influence from their support persons.[161] In addition, with the support of Vanuatu Society for People with Disability, the Vanuatu Family Health Association[162] has been working to strengthen its capacities to provide disability-inclusive services and improve accessibility.[163]

> *At KPH the nurse really helped me with information about family planning, my role as a man and how I can have a good discussion with my wife regarding our plans to have a family."*
> -22-year-old man with a physical and visual disability

Under the *HSS 2021-2030,* the Ministry of Health commits to "[strengthening] technical skill and capacity in the application of inclusive health strategies."[164] According to the strategy, "pre-service and in-service inclusive health training for leaders, Ministry of Health and frontline staff, and communities will ensure technical capacity for inclusive health, and will be backed-up through inclusive Ministry of Health recruitment and retention strategies, and promotion of a diverse and inclusive workplace culture."[165]

Recommendations for addressing social and attitudinal barriers

Collaborate with DPOs and NGOs in recruiting and mentoring women and young people with disabilities as leaders of support groups and peer-to-peer networks. These groups could be effective to disseminate information on disability rights, SRH and GBV; address barriers to GBV reporting; improve access to SRH and GBV services; and reduce isolation among women and young persons with disabilities. Invest adequate financial resources to ensure the success of these mentoring initiatives.

Support and expand existing DPO-led rights-based awareness-raising programmes on disability rights and inclusion. Ensure that such programmes have adequate funding and are made available and accessible to women with disabilities, young people with disabilities, Deaf and hearing-impaired people, people with intellectual disabilities, family members (especially parents) of people with disabilities and community members. Programming must be grounded in the CRPD framework and led by DPOs and/or people with disabilities. Key topics to be addressed include: personal autonomy; the right to live in the community, with choices equal to others; legal capacity; the right to parent; family violence; and SRH and GBV rights for people with disabilities. As part of these awareness-raising programmes, promulgate and finance widespread accessible community information campaigns on the right of women and girls with disabilities to have timely access to SRH and GBV services, on their own and irrespective of the will of their family members.

Strengthen the decentralization of the formal justice system and GBV services to ensure they are available and effective in responding to the needs of survivors living in rural and remote areas. Train public and non-governmental service providers on disability inclusion, gender equality, GBV and their duties under the Family Protection Act. Support and expand existing NGO-, INGO-, and DPO-led initiatives to raise awareness among community leaders on gender equality, women's rights and GBV, in order for them to engage in GBV prevention, support survivors and refer them to the formal justice system and GBV services. Ensure DPOs have adequate financial resources to implement these initiatives.

Deliver comprehensive and regular training programmes for a wide range of SRH and GBV service providers and police and justice sector personnel on disability inclusion. Integrate disability-specific training sessions into existing SRH pre- and post-service training for nurses, midwives and other healthcare workers for them to understand the rights of persons with disabilities and how to provide quality and evidence-based services to them. Collaborate with DPOs in the development, implementation and financing of these initiatives and involve instructors with a disability whenever possible.

7 Physical barriers

7.1. **Issue 1: Geographic barriers prevent women and young people with disabilities living in rural and remote areas from accessing SRH and GBV services.**

Although the State has implemented actions to decentralize services, access to SRH and GBV services is still particularly challenging for communities living in rural and remote areas,[166] where 75 per cent of the population lives.[167] In this context, many times it is practically impossible for GBV survivors to have access to these services. The absence of health services also contributes to the barriers that women and young persons with disabilities living in these regions face accessing SRH information and services, which are highly taboo within their families and communities.

> *"Because the hospital is far from our area, the community requested to have a clinic in our area to help our community. Even though we [now] have a clinic, there is still lack of necessary things that a clinic needs. There are not enough beds for women to deliver babies. Most times the clinic will run out of medicine and you will find the clinic closed."*
>
> -44-year old woman with a visual disability from Sanma

Many clinics located in rural areas "are staffed by only a single, trained midwife or registered nurse, making it difficult for them to leave clinics unattended while they undertake supervisory and outreach visits to lower level clinics and communities."[168] The shortage of trained midwives is particularly acute across the country.[169]

Many times, nurses must assist women in labor through phone calls, particularly in rural areas.[170] A support person of a participant in a focus group described that "a woman with a physical disability was sexually abused and got pregnant. In her area, a remote village in Santo, there is a clinic, but the health worker is not properly trained to provide certain services. The women arrived at the clinic to deliver her baby, but the healthcare worker was not able to provide the service. So, they had to travel by boat and through bumpy roads to get to the hospital. It was a very difficult birth. Only the baby survived."[171]

To address this situation, the State has established "waiting houses" for women from rural regions to wait for delivery close to healthcare centers located in urban areas. However, due to care duties and associated costs of traveling, many women cannot utilize these houses. Others decide to wait until the last minute to travel, many times delivering their babies on the way to the health care center.[172]

The Vanuatu Family Health Association runs mobile outreach clinics two or three times a year. If they are available, Vanuatu Family Health Association works with local nurses to guarantee the continuation of services once the clinic leaves. It partners with Vanuatu Society for People with Disability and local DPOs to identify persons with disabilities interested in accessing services. Both Vanuatu Family Health Association and Wan Smol Bag have also implemented peer education and community outreach programmes to deliver SRH awareness, condom promotion and distribution, and counselling and testing for HIV and sexually transmitted infections to people living in rural and remote areas across several provinces.[173]

As recognized by the *Vanuatu National Gender Equality Policy 2020-2030,* "the prevalence of physical and sexual violence is higher in rural areas than in urban areas, yet access to medical, justice and crisis support services [for GBV survivors] is lacking in locations outside of urban centers."[174] Many communities do not have a police station or post, and the Vanuatu Police lacks financial resources to reach out to them.[175]

In this context, many GBV survivors willing to file a case and/or requiring the police to investigate charges and/or serve a protection order need to pay for the associated cost of their travel, which can be prohibitively high for many women with and without disabilities given men's control over the family's finances.[176] This situation is compounded for persons with disabilities, who are overrepresented among those living in poverty. Furthermore, expensive and unsafe transportation, poor roads and infrequent flights and boats for inter-island travel make it extremely difficult for survivors to travel to police stations located far away from their communities.[177]

The Vanuatu Women's Center supports survivors to address these geographical and financial barriers. It also frequently finances transportation and related costs for the Vanuatu Police to reach remote communities.[178] The V*anuatu-Australia Policing and Justice Program 2017-2020* is also working to expand the outreach of the Vanuatu Police in remote and rural areas.[179]

Due to the limited outreach of both the police and the judiciary, many women living in rural and remote areas find that their allegations are not investigated. Some of them have to "wait months, even years, to have sexual and/or other physical violence… cases dealt with by the Courts."[180] Many times, impunity prevails.[181]

In order to partially address this situation, the Family Protection Act allows for applications for family protection orders to be made to a court by telephone, radio, in writing; or by facsimile, telex or email.[182] Under the Act, Authorized Persons are also allowed to make a temporary protection order if "(a) the complainant is in danger of personal injury; and (b) because of distance, time or other circumstance of the case, it is not practicable to apply to a court for a protection order or a temporary protection order, and for it to be heard and determined quickly by the court."[183] Authorized Persons are also allowed to make referrals to the police and healthcare services.[184]

However, there have been substantial delays in the appointment of Authorized Persons who are empowered to issue protection orders in rural and remote areas. According to the *Vanuatu National Gender Equality Policy 2020-2030,* "the Ministry of Justice and Community Services has piloted the appointment of Authorized Persons… in six communities on the islands of Efate and Santo since early 2018."[185] As of July 2021, Authorized Persons are available in only three locations of the island of Santo. This has resulted in the Vanuatu Women's Center being the only organization ensuring the availability of family protection orders in other regions of the country.[186]

Due to the lack of disaggregated data, it is not possible to determine whether women and girls with disabilities are more affected by these geographical barriers than are other women and girls. In this context, it would be important for the State to produce quantitative and qualitative information on access to SRH and GBV services for women and girls with disabilities living in rural and remote areas, in order to identify how these barriers may be preventing them from accessing these essential services.

Recommendations for addressing physical barriers

Adopt appropriate and expedite measures to ensure disability-inclusive and accessible SRH and GBV services are available to women and young persons with disabilities living in rural and remote areas. Adopt appropriate measures to address the shortage of nurses and trained midwives across the country. Invest adequate resources to expand accessible and disability-friendly mobile clinic outreach and home visits by SRH and GBV service providers. Allocate adequate resources to the Vanuatu Police and the formal justice system for their services to be available at no cost to survivors living in remote areas, including by appointing an increasing number of Authorized Persons in these regions. Support NGO-led initiatives to assist survivors to have access to SRH and GBV services, including by providing adequate financial support.

8 Information and communication barriers

8.1. Issue 1: Women and young people with disabilities lack accessible information on SRH and GBV.

Many persons with disabilities living in Vanuatu do not have access to—and are afraid and/or shameful of asking for—information they need to make informed decisions on their sexual and reproductive health and rights. They also lack access to information about SRH and GBV services available in their communities. As a result, many women and young people with disabilities do not have knowledge about contraception, menstruation, and the functioning of their bodies.[187]

As participants in focus groups stated, "we don't know a lot of information and we fear to question what the doctors and the nurses say because we respect them."[188] Even when they ask for SRH information, they find that doctors do no do not provide them with "proper or clear explanations."[189]

> *"I think most women or girls [with disabilities] will be scared to go to hospital and ask questions [about SRH]. Mostly we have fear to ask questions."*
> – A woman of short stature from Port Vila (age not disclosed)

Persons with disabilities are also discouraged from participating in community activities addressing these topics, including those organized by mobile outreach SRH clinics, due to the perception that they do not need this information because they do not have partners, do not (and should not) have sex, and do not go out.[190] Since these issues are highly taboo, particularly in rural and remote areas, many girls and young women with disabilities do not receive information on SRH from their family members.[191]

This situation is compounded by Deaf and hearing-impaired people. Due to the lack of a National Sign Language, they cannot communicate with health care providers, a situation that may result in violations of their right to legal capacity, privacy and confidentiality. A 36-year-old Deaf woman from Sanma who participated in a focus group discussion explained: "I never understand anything from the doctor. That's why my sister goes with me to hospital to help me. The information is given to my sister."[192]

In relation to GBV, most participants in focus groups are aware that they have the right to access justice and to report GBV on their own. However, they recognize that many persons with disabilities do not know their rights and lack accessible information that would allow them to recognize and report

> *"I am sure that if information regarding what is available in the justice system is made available to all people with disabilities and their families, people with disabilities will come forward to file reports of the sexual abuse or violence that is happening to them."*
> -A woman with a physical disability from Port Vila (age not disclosed)

violence.[193] In particular, debates during focus groups revealed that women and girls with disabilities may lack information about key provisions of the Family Protection Act, including the ones establishing that access to justice for GBV is free of charge.[194] Information on the rights of persons with disabilities, GBV against them, and available services is scarce in many communities.[195]

This situation is compounded for young persons with disabilities, many of whom lack access to comprehensive sexuality education and other sources of information. As a young woman who participated in focus groups explained, "we only stay in our houses. There is lack of support for girls like me to get information or [being] educated".[196]

Many children and young persons with disabilities living in Vanuatu are excluded from the education system,[197] due to schools' refusal to enroll them, the reluctance of educators to teach them,[198] and discriminatory attitudes from peers.[199] The impact of these attitudinal barriers—which infringe *Education Act No. 9 of 2014*[200]—is compounded by the lack of training programmes for teachers on inclusive education,[201] and the lack of accessible educational materials, facilities and accessible formats of communication in schools.[202] In this context, in 2019, the CRPD Committee recommended that the State should ensure that children with disabilities enjoy their right to inclusive education in all mainstream schools, with individualized support, including by allocating sufficient human, technical and financial resources to the effective implementation of the *Inclusive Education Policy and Strategic Plan (2010–2020)*.[203]

Even when they have access to the education system, children and young persons with disabilities do not have access to family life education (FLE). This situation also affects students without disabilities.

As part of the *National Gender Equality Policy 2020-2030,* the State has committed to "[investing] in inclusive education programs" for students with disabilities and working towards improving the delivery of FLE.[204] As of November 2021, with the support of Family Planning NSW and UNFPA Pacific, the Ministry of Education is reviewing the FLE curriculum for years 11-12 for it to be implemented in early 2022. Further steps towards the implementation of FLE are expected to be focused on Year 13 and years 7-10.[205]

The Ministry of Health is also planning to work with key stakeholders to raise awareness among chief and community leaders on the importance of supporting access to FLE. However, there is not exhaustive information on whether these initiatives will incorporate the needs and rights of children and young persons with disabilities and the barriers they face to have access to accessible information and education on SRHR and GBV.

Recommendations for addressing information and communication barriers

Develop—in association with Vanuatu Society for People with Disability, the Sunflower Association, Vanuatu Disability Promotion and Advocacy Association and other DPOs—SRH and GBV information, education, and communication (IEC) materials specifically targeting women and young people with disabilities to improve their awareness about their SRH, GBV, services available to them and how to report GBV. Ensure IEC materials are available in a range of accessible formats, including digital and/or audio formats, simplified formats such as plain language and Easy Read.

Train healthcare providers and support staff to provide information on SRH and GBV in a manner that is gender- and disability-inclusive, age-appropriate and culturally sensitive. In particular, ensure women and young persons with disabilities have information and access to a range of contraceptive methods and that providers are trained to counsel persons with disabilities about the pros and cons of different methods.

Adopt adequate measures and invest adequate resources to ensure persons with disabilities have access to inclusive education in a safe and healthy learning environment free from bullying, discrimination, harassment and violence. Ensure Braille is taught in schools.

Take appropriate steps to effectively implement the family life education curriculum. Collaborate with DPOs to ensure it responds to the learning and accessibility needs of women and young persons with disabilities and to develop and implement trainings for teachers to provide quality FLE to children and young persons with disabilities. Develop community-based FLE programmes in non-education settings, peer-to-peer networks to better reach persons with disabilities who do not attend school.

Endnotes

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2 *Id.* at 19.

3 Convention on the Rights of Persons with Disabilities, art. 25, G.A. Res. 61/106, U.N. Doc. A/RES/61/106 (Dec. 13, 2006) [hereinafter CRPD].

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5 *Id.,* para. 12.

6 For good practices on seeking informed consent from people with disabilities in SRH settings, *see* UNFPA & WEI: *Women and young persons with disabilities: Guidelines for providing rights-based and gender-responsive services to address gender-based violence and sexual and reproductive health and rights 16 – 19* (Nov. 2018), https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities [hereinafter UNFPA &WEI, GBV and SRHR Guidelines].

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15 WEI, GBV Factsheet, *supra* note 13.

16 UNFPA Pacific Sub-Regional Office, *Population and Development Profiles: Pacific Island Countries* 94 (April 2014), https://pacific.unfpa.org/sites/default/files/pub-pdf/web__140414_UNFPAPopulationandDevelopmentProfiles-PacificSub-Region-Extendedv1LRv2_0.pdf.

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18 Vanuatu National Statistics Office, *Vanuatu 2020 National Population and Housing Census Preliminary Results (June 2021),* https://vnso.gov.vu/index.php/en/component/content/featured

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21 Vanuatu National Statistics Office, *National Population and Housing Census: Gender Monograph 2* (2009).

22 CRPD Committee, *Initial report submitted by Vanuatu under article 35 of the Convention,* para. 187, CRPD/C/VUT/1 (2017).

23 Vanuatu National Statistics Office, *2020 Census Basic Tables, Vol. 1 VI* (November 2021), https://vnso.gov.vu/images/Pictures/Census/2020_census/Census_Volume_1/2020NPHC_Volume_1.pdf The Washington Group on Disability Statistics—a body of the UN Statistical Commission—has devised a six-question survey to determine rates of disability. Questions ask individuals whether they have difficulties in performing six actions: seeing, hearing, mobility, cognition, self-care, and communication. Each question has four types of response: no difficulty, some difficulty, a lot of difficulty and unable to do it at all. The rate of disability is calculated on the basis of the percentage of individuals who reported at least some difficulty performing these actions. World Health Organization and World Bank, World Report on Disability 25-27 (2011).

24 Zoom interview with Judith Iakavai, Vanuatu Society for People with Disability (Feb. 2, 2021) [hereinafter VSPD Interview] and Zoom interview with Nelly Caleb, Vanuatu Disability Promotion and Advocacy Association (Oct. 22, 2020) [hereinafter VDPA Interview].

25 Vanuatu Department of Women's Affairs, *National Gender Equality Policy 2020-2030* 23 (2021) [hereinafter National Gender Equality Policy 2020-2030]

26 CRPD Committee, *Concluding observations: Vanuatu*, para. 6-7, U.N. Doc. CRPD/C/VUT/CO/1 (2019) [Hereinafter Concluding observations: Vanuatu].

27 *Id.*, at para.10-11.

28 Vanuatu Department of Strategic Policy, Planning and Aid Coordination, Vanuatu 2030: The People's Plan 18 (2016) [Hereinafter The People's Plan].

29 Vanuatu Ministry of Justice and Community Services, *National Disability Inclusive Development Policy* (2018–2025) 14 (2018) [Hereinafter *National Disability Inclusive Development Policy*].

30 *Id*., at 44.

31 CRPD Committee, *Concluding observations: Vanuatu, supra* note 26, at para. 6 (c). VSPD Interview, supra note 24.

32 Hitendra Pillay, et. al., *National profiles of in-country capacity to support disability-inclusive education: Fiji, Samoa, Solomon Islands, and Vanuatu,* Queensland University of Technology (2015), at 48.

33 UNICEF Pacific and Vanuatu National Statistics Office, *Children, women, and men with disabilities in Vanuatu: What do the data say 38* (2004)

34 Ministry of Justice and Community Services, *Situation Analysis Sign Language in Vanuatu 9* (2018)

35 *Id*. at 7, 30. Zoom interview with Tegan Molony and Amy Green, Care International (May 5, 2021) [hereinafter Care International Interview] and VDPA Interview, *supra* note 24.

36 Vanuatu Ministry of Justice and Community Services, *Vanuatu Gender Equality Policy 2015–2019* 9 (2015) https://dwa.gov.vu/images/policies/NationalGenderEqualityPolicyJuly2015.pdf [Hereinafter Gender Equality Policy 2015-2019].

37 CEDAW Committee, *Concluding observations on the combined fourth and fifth periodic reports of Vanuatu* para. 34, CEDAW/C/VUT/CO/4-5 (2016) [Hereinafter *Concluding observations on the combined fourth and fifth periodic reports of Vanuatu*]
According to Policy Objective 2.2 of the *National Gender Equality Policy 2020-2030,* the State is committed to "supporting job creation and skills development of women engaged in agriculture, fisheries, handicrafts and tourism, including for women with disabilities." Regarding the participation of women with disabilities in the political sphere, one of the objectives of the *National Gender Equality Policy 2020-2030* is to promote gender responsive government. To that end, the State will "engage women with disabilities in leadership and decision-making roles (e.g. steering committees, employed positions within ministries)." It is also committed to "supporting churches and political parties to adopt gender responsive and socially inclusive policies and practices" so as to encourage political parties to endorse women and people with disabilities as candidates. Vanuatu Department of Women's Affairs, National Gender Equality Policy 2020-2030, supra note 25, at 65, 68-69.

38 Vanuatu Ministry of Justice and Community Services, *National Disability Inclusive Development Policy, supra* note 29, at 11.

39 *Id.*, at 44.

40 Vanuatu Ministry of Health, *Health Sector Strategy 2021-2030* 2 (2021) [Hereinafter HSS]
The development of the HSS was led and facilitated by a series of working groups, including an Inclusive Health Working Group. This group was in charge of designing interventions on GBV and disability rights and reviewing the outputs of the other Working Groups to identify opportunities for improving inclusivity across the Strategy. Key stakeholders involved in the working group include the Ministry of Justice, the Ministry of Women, the VDPA and the VSPD. According to the HSS, "formalizing the role and strengthening capacity of the Inclusive Health Working Group, including recruiting dedicated staff at national and provincial levels, is critical to delivering inclusion across the HSS." Id., at 8 and 19.

41 *Id.* at 18.
To implement this vision, the Ministry of Health commits to ensuring that "public health and preventive services are accessible for, and can be accessed by people with disability," and guaranteeing the "provision of suitable, accessible services to meet the specialized health needs of people with disability." According to the HSS, the Ministry of Health will also ensure the availability of "inclusive and supportive referral systems which enable…people with disability to access both general and impairment/issue specific health services."
In addition, the Ministry of Health will "provide targeted health frameworks, programming, guidelines and budgets for inclusive health priorities (inclusive of gender equality, sexual and gender-based violence and child protection, SOGIE, disability, mental health, and adolescent health)." The Ministry of Health also commits to implementing strategic actions to "ensure [the availability of] systems to collect, analyze and report inclusive health data that is disaggregated by age, gender, disability and identified, vulnerable groups" and to "strengthen technical skill and capacity in the application of inclusive health strategies." Id. at 19.

42 *Id.*, at 20.

43 *Id.*, at 21.

44 Vanuatu Ministry of Justice and Community Services, *National Disability Inclusive Development Policy, supra* note 29, at 44.

45 Vanuatu Ministry of Health, *Vanuatu Reproductive, Maternal, Newborn, Child and Adolescent Health Policy and Implementation Strategy 2017-2020* 21, 26 (2017) [Hereinafter RMNCAH Policy 2017-2020]

46 *Id.* at 21, 35.

47 *Id.* at 8.

48 Vanuatu Ministry of Health, *Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025 8 (forthcoming) [hereinafter Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025*].

49 *Id.*, at 19.

50 *Id.,* at 19.

51 *Id.*, at 14.

52 UNFPA, *Republic of Vanuatu. Health Facility Readiness and Service Availability (HFRSA) Assessment* 32 (May 2021) [hereinafter HFRSA]. VDPA Interview, *supra* note 24.

53 Vanuatu Ministry of Justice and Community Services, *National Disability Inclusive Development Policy, supra* note 29, at 15.

54 CRPD Committee, C*oncluding observations: Vanuatu, supra* note 26, at para. 22.

55 Penal Code (Amendment) Act 2006 Part 1 Section 13.

56 Vanuatu, Matrimonial Causes Act Part 1, Section 1(b) and Part 1, Section 2(a).

57 *Id.,* at Part 2, Section 5 (a) (iv)

58 Vanuatu Department of Women's Affairs, *National Gender Equality Policy 2020-2030, supra* note 25, at 6.

59 *Id.* at 7. See also Vanuatu Women's Centre, *Program Against Violence Against Women: Program Design Document* 108 (2016) [Hereinafter *Program Design Document*]

60 UN Women, Vanuatu, https://asiapacific.unwomen.org/en/countries/fiji/co/vanuatu#l_anchere

61 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 15.
The Vanuatu Women's Center (VWC) has identified "the lack of knowledge of and belief in human rights" as the main root cause of GBV in the country. Id., at 16. This is reflected in—and reinforced by—religious, customary and social beliefs and practices that undermine gender equality and women's rights. It also contributes to the perpetuation of the highly patriarchal structure of Vanuatu's society. Id., at 105.

62 CEDAW Committee, *Concluding observations on the combined fourth and fifth periodic reports of Vanuatu, supra* note 37, at para. 20.

63 *Id.*

64 Nine per cent of girls are married before 15 years of age and 27 per cent are married before they turn 18. Some communities still practice bride price or forced marriage. FAO and The Pacific Community, *Country gender assessment of agriculture and the rural sector in Vanuatu 14* (2020) http://www.fao.org/3/ca7427en/CA7427EN.pdf

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66 VSPD interview, *supra* note 24.

67 *Id.*

68 CRPD Committee, *Concluding observations: Vanuatu, supra* note 26, at para. 29.

69 Christine Forster, *Ending Domestic Violence in Pacific Island Countries: The Critical Role of Law,* Asian-Pacific Law and Policy Journal, 12(2):123–44, at 125 (2011).

70 Vanuatu Ministry of Justice and Community Services, *Gender Equality Policy 2015-2019, supra* note 36, at 13.

71 Vanuatu Department of Strategic Policy, Planning and Aid Coordination, *The People's Plan, supra* note 28, at 11.

72 Vanuatu Department of Women's Affairs, *National Gender Equality Policy 2020-2030, supra* note 25, at 17.

73 *Id.*, at 58

74 CRPD Committee, *Concluding observations: Vanuatu, supra* note 26, at para. 28 (e).

75 VDPA Interview, *supra* note 24.

76 CEDAW Committee, *Concluding observations on the combined fourth and fifth periodic reports of Vanuatu, supra* note 37, at para. 10 and 30 (a).

77 *Id.*, at para.10.

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79 VDPA interview, *supra* note 24.

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93 *Id.,* at 10.

94 Vanuatu Ministry of Justice and Community Services, *National Disability Inclusive Development Policy, supra* note 29, at 15.

95 Focus group discussion with women with physical disabilities, s*upra* note 65.

96 Focus group discussion by Maxuelle Nassak and Tabi Holuon with men with disabilities, in Santo, Vanuatu (May 12, 2021) [hereinafter focus group discussion with men with disabilities in Santo].

97 Vanuatu Ministry of Health, *RMNCAH Policy 2017-2020, supra* note 45, at 28.

98 Vanuatu Ministry of Health, *Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025, supra* note 48, at 20.

99 UNFPA, HFRSA, *supra* note 52.

100 Focus group discussion with women with physical disabilities, *supra* note 65.

101 Focus group discussion by Hellen Tamata and Winnie Tovu with women with intellectual and physical disabilities, Deaf women and women of short stature, in Port Vila, Vanuatu (May 19, 2021) [hereinafter focus group discussion with women with disabilities].

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103 Focus group discussion with women with physical disabilities, *supra* note 65. Focus group discussion with men with disabilities (Group 1), *supra* note 88.

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105 Focus group discussion with women with physical disabilities, *supra* note 65.

106 *Id.*

107 Focus group discussion with women with disabilities, *supra* note 101.

108 Focus group discussion with women with physical disabilities, *supra* note 65.

109 *Id.*

110 *Id.*

111 Focus group discussion with women with disabilities, *supra* note 101.

112 *Id.*

113 *Id*.

114 *Id.*

115 Focus group discussion with men with disabilities (Group 1), *supra* note 88.

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118 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 26. Zoom interview with Shanna Ligo, World Vision (May 6, 2021) [Hereinafter World Vision Interview]

119 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 17.

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121 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 17.

122 *Id.* at 107..

123 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 24.

124 See *Id.* at 107.

125 Vanuatu-Australia Policing and Justice Program 2017-2020 interview, *supra* note 120.

126 Focus group discussion with women with disabilities, supra note 101. Focus group discussion with women with physical disabilities, *supra* note 65.

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128 Focus group discussion with women with physical disabilities, *supra* note 65.

129 *Id*.

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131 Focus group discussion with women with physical disabilities, *supra* note 65.

132 Focus group discussion with women with disabilities, *supra* note 101.

133 Vanuatu Women's Centre, *Program Design Document, supra* note 59 at 18.

134 Vanuatu Ministry of Justice and Community Services, *Conflict Management and Access to Justice in Rural Vanuatu* 42 (July 2016) https://www.dfat.gov.au/sites/default/files/conflict-management-access-justice-rural-vanuatu.pdf [hereinafter Conflict Management and Access to Justice]

135 *See* Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 23.

136 Vanuatu-Australia Policing and Justice Program 2017-2020 interview, *supra* note 120.

137 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 46, 116.

138 Vanuatu Department of Women's Affairs, *National Gender Equality Policy 2020-2030, supra* note 25, at 17. According to the Policy, "it is vital that access to and the delivery of policing, justice and support services is improved in the outer provinces. This should be coupled with greater community awareness on GBV and the Family Protection Act." *Id.*

139 In order to support this process, the Vanuatu-Australia Policing and Justice Program 2017-2020 and several initiatives led by UN Women, NGOs and INGOs have focused on raising awareness and changing attitudes among community leaders—and communities as a whole—on gender equality, women's rights and GBV. Vanuatu-Australia Policing and Justice Program 2017-2020 interview, *supra* note 120.
Non-governmental organizations involved in initiatives to transform social norms about gender roles include Care International, the Vanuatu Women's Center and World Vision. The Vanuatu Family Health Association is also conducting awareness-raising actions to advance the role of men as supporters of women accessing SRH services.

These organizations have reported that these initiatives have been highly effective in increasing awareness on gender-based violence and women's rights. They have also increase referrals of survivors to available services by chiefs and community leaders. Care International interview, *supra* note 35. World Vision interview, *supra* note 118.

140 Vanuatu-Australia Policing and Justice Program 2017-2020 interview, *supra* note 120.

141 VDPA Interview, supra note 24.

142 Vanuatu-Australia Policing and Justice Program 2017-2020 interview, *supra* note 120.

143 Vanuatu Family Protection Act Part 6, Section 44. Vanuatu Ministry of Justice and Community Services, Conflict Management and Access to Justice, *supra* note 135, at 45.

144 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 20.

145 *Id.*, at 21.

146 Focus group discussion with women with physical disabilities, *supra* note 65.

147 Interview by Winnie Tovo and Jocelyn Iakavai with L. (May 20, 2021) [hereinafter Interview with L.].

148 Focus group discussion with women with physical disabilities, *supra* note 65.

149 Focus group discussion with men with disabilities (Group 1), *supra* note 88.

150 Interview by Hellen Tamata with M. (May 14, 2021). Interview with L., *supra* note 149.

151 UNFPA, HFRSA, *supra* note 52.

152 VSPD interview, *supra* note 24.

153 UNFPA, HFRSA, *supra* note 52.

154 Focus group discussion with women with physical disabilities, s*upra* note 65.

155 Focus group discussion with men with disabilities (Group 1), *supra* note 88.

156 Focus group discussion with women with disabilities, *supra* note 101.

157 *Id.*

158 VSPD interview, *supra* note 24. VDPA interview, *supra* note 24..

159 VDPA interview, *supra* note 24.

160 Care International interview, *supra* note 35. Interview with Julius Ssenabulya, Vanuatu Family Health Association (April 19, 2021) [hereinafter VFHA interview].

161 Focus group discussion with women with physical disabilities, supra note 65. Focus group discussion with men with disabilities (Group 1), s*upra* note 88.

162 VFHA runs clinics in Port Vila, Santo and Tana and mobile outreach clinics in remote areas, all of which provide access to a wide range of SRH services, including access to contraception, antenatal and postnatal care, counselling and diagnosis on cervical cancer, counselling and treatment for ITS (except for treatment for HIV), medical treatment for survivors of sexual violence, etc. VFHA interview, *supra* note 162.

163 *Id.*

164 Vanuatu Ministry of Health, HSS, s*upra* note 40, at 19.

165 *Id.*

166 Care International interview, *supra* note 35. Wan Smolbag Interview, *supra* note 163. World Vision interview, *supra* note 118.

167 Vanuatu National Statistics Office, *Vanuatu 2016 Post-Tropical Cyclone Pam Mini Census: Volume 1 Basic Tables* (2017).

168 PSRHP and UNFPA Pacific Sub-Regional Office*, Vanuatu sexual and reproductive health needs assessment 36* (April 2015) [hereinafter Vanuatu Sexual and Reproductive Health Needs Assessment].

169 *Id.*

170 VFHA interview, *supra* note 162.

171 Focus group discussion with women with intellectual disabilities, *supra* note 102.

172 VFHA interview, *supra* note 162.

173 Vanuatu Sexual and Reproductive Health Needs Assessment, supra note 171, at 10.

174 Vanuatu Department of Women's Affairs, *National Gender Equality Policy 2020-2030,* supra note 25, at 7.

175 UN Women Fiji, *Women and Children's Access to the FormalJustice System in Vanuatu 122* (2006) [hereinafter Women and Children's Access to the Formal Justice System in Vanuatu].

176 Vanuatu-Australia Policing and Justice Program 2017-2020 interview, *supra* note 120.

177 UN Women Fiji, Women and Children's Access to the Formal Justice System in Vanuatu, *supra* note 172, at 121.

178 Vanuatu Ministry of Justice and Community Services, *Conflict Management and Access to Justice, supra* note 135, at 53.

179 Vanuatu-Australia Policing and Justice Program 2017-2020 interview, *supra* note 120.

180 UN Women Fiji, *Women and children's access to the formal justice system in Vanuatu, supra* note 178, at 122

181 Vanuatu-Australia Policing and Justice Program 2017-2020iInterview, *supra* note 120.

182 Vanuatu Family Protection Act Part 4, section 28 (1).

183 *Id.* at Part 3, Division 2, Section 17 (1).

184 Vanuatu-Australia Policing and Justice Program 2017-2020 Interview, *supra* note 120.
According to the Vanuatu National Gender Equality Policy 2020-2030, "there is improved coordination and referrals of domestic and GBV cases between Police, Ministry of Health, Vanuatu Women's Centre, Vanuatu Family Health Association and other service providers. However, improvements are needed in the quality of medical treatment and care provided to survivors of violence, including adequate training of health care staff to appropriately respond to physical and sexual violence, particularly in rural and remote areas. The specific needs of women and girls with disabilities should also be considered." Vanuatu Department of Women's Affairs*, National Gender Equality Policy 2020-2030, supra* note 25, at 17.

185 Vanuatu Department of Women's Affairs, *National Gender Equality Policy 2020-2030, supra* note 25, at 17.

186 Vanuatu Women's Centre, *Program Design Document, supra* note 59, at 22.

187 VSPD interview, *supra* note 24.

188 Focus group discussion with men with disabilities (Group 1), *supra* note 88.

189 *Id.*

190 VSPD interview, *supra* note 24. VDPA interview, *supra* note 24.

191 VDPA interview, *supra* note 24.
The *Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025* currently being developed recognize that the "factual and targeted family planning information should be provided to the appropriate groups (including women, men, young people, people with disability) and disseminated through a range of activities and media, including community engagement, brochures, posters, radio/television, social media, drama, school outreach programs." Vanuatu Ministry of Health*, Vanuatu RMNCAH Policy, Strategy and Implementation Plan 2021-2025, supra* note 48, at 20.

192 Focus group discussion by Hellen Tamata and Winnie Tovu with women with physical and visual disabilities and Deaf women, in Santo, Vanuatu (May 19, 2021).

193 Care International interview, *supra* note 35.

194 Focus group discussion with women with physical disabilities, *supra* note 65.

195 Care International interview, s*upra* note 35.

196 Focus group discussion with women with disabilities, *supra* note 101.

197 CRPD Committee, *Concluding observations: Vanuatu, supra* note 26, at para. 40. VSPD Interview, *supra* note 24.

198 "Grade 1 teacher told [us] that she could not teach [her] because of her disability. From that day till today she did not attend school anymore." Interview by Hellen Tamata with J., a 26-year old Deaf woman, and her caregiver (May 14, 2021).

199 My daughter used to go to school… but children used to discriminate against her, swore to her, and say she's not nice. However, they have the right to go to school and have the right to study because we are all equal." Focus group discussion with women with disabilities, supra note 101.

200 Education Act No. 9 of 2014, Part 1, article 8.

201 CRPD Committee, *Concluding observations: Vanuatu, supra* note 26, at para. 40 (d) and 41 (d).

202 *Id.* at para. 40.

203 VSPD interview, *supra* note 24. CRPD Committee, *Concluding observations: Vanuatu, supra* note 26, at para. 41 (b).

204 Vanuatu Department of Women's Affairs, *National Gender Equality Policy 2020-2030, supra* note 25, at 56, 63-64.

205 Information shared by Emily Deed, UNFPA (Sept. 2021)