



As of the 4th of October Monaro Volcano on Ambae Island remains at Alert Level 4. In Santo there are currently, 51 evacuation centres¹ housing around 5,474 people². The NDMO has reported that this number is expected to rise to 7,000+ with more people still being evacuated from Ambae³.

In Pentecost and Maewo currently, there is approximately 3,700 people being housed through a combination of evacuation centres and community hosting (1,800 in Pentecost and 1,900 in Maewo)⁴. However, across the three island there is a lack of accurate and disaggregated data so the numbers of women, men, girls, boys, elderly, people with disabilities, pregnant and lactating women cannot be confirmed.

The responses are being led by Sanma Provincial Government and the NDMO in Santo, with IOM preparing to deploy CCCM site planning officers⁵, and the Penama Provincial Government and the Vanuatu Red Cross in Pentecost and Maewo.

With the FRANZ partners on standby, the Australian Defence Force (ADF) has a ship arriving here on 5th October and the NZDF have two people currently on the ground in Santo⁶.

This situation report collates all the gender and protection issues that the evacuees are currently experiencing from information/reports from various sources on ground and from within the different clusters. Therefore, this document seeks to inform and highlight the immediate needs on the ground and how the GP cluster can support to for fill those needs.

Gender and Protection risks

Given the large numbers of people moving and congregating in evacuation centres there are significant gender and protection concerns. These concerns have been raised in the latest Food Security and Agriculture (FSAC); Water, Sanitation and Hygiene (WASH); Shelter; and Gender & Protection Cluster meetings yet they remain a gap. These issues have been grouped into 6 main risk areas;

1. An increase in Gender Based Violence (GBV) and Sexual Exploitation and Abuse (SEA)
2. Child Protection
3. Lack of services for People Living with Disabilities (PLWD)
4. General safety, protection and dignity of displaced and host communities
5. Overloaded or lack of health services

The Gender and Protection (GP) Cluster currently has three technical staff on the ground in Santo working to address the below gender and protection issues. However, there is only three staff that

¹ GP Cluster meeting 4.10.17, however, please note Shelter cluster report 40-50 scattered sites

² Shelter cluster meeting 4.10.17, however, please note FSAC has reported 5,827 with an additional 200 in Sarabulu host families

³ However, it was reported by the shelter cluster (4th Oct) that the last ship evacuating people from Ambae arrived in Santo on the 3rd of October and it was carry 70+ people

⁴ FSAC meeting 3.10.17

⁵ Shelter Cluster Meeting 3.10.17

⁶ On the ADF ship they have a logistics liaison officer, engineer expertise and 60 soldiers, 3 trucks with trailers, water tank, 4wds x2, tents and tarps, and a helicopter. These will stay on the ship until requested. This information has been taken from the shelter cluster meeting minutes (4.10.17)

have been deployed across 51 evacuation centres on Santo. There is currently limited visibility of the situation in Pentecost and Maewo as there is no Gender and Protection technical staff on the ground.

Current Reports of Gender and Protection Risks and Issues

1. An increase in Gender Based Violence (GBV) and Sexual Exploitation and Abuse (SEA)

There have been reports on the ground that men are leaving their wives and children⁷ during the day and often at night. This leaves women and girls vulnerable to exploitation and abuse.⁸ Additionally, in the evacuation centres in Santo there has been an influx of different responders on the ground that do not have a general understanding of gender and protection in emergencies.

The evacuees are not currently unaware of the support and referral systems available to them. Also in addition there are concerns that due to the sudden influx in population that the current support and referral systems for GBV in Santo, Maewo and Pentecost do not have the capacity to respond to the possible needs that may arise.

2. Child Protection

The Ministry of Justice and Community Service (MJCS) are receiving multiple reports of unsupervised children in evacuation centres. Whether these children are being neglected by their carers or have been separated from their families is unknown due to the lack of data available on the amount of children that have been evacuated and where they are located. Children without the protection of their families at high risk of exploitation and abuse.

There have also been reports that children and youth are out of school and bored⁹ highlighting the urgent need for child friendly spaces (CFS) and coordinated activities.

Concerns have been raised about the 283 final year students that have been placed in 10 schools in Santo.¹⁰ There is confusion around how they will be reunited with their families that are spread across the three islands once exams are over.

3. Lack of services for People with Disabilities (PWD)

DPA report from Santo that many people with disabilities (PWD) need urgent assistance and support. Many were evacuated without their assistive devices, a majority of evacuation centres are not disability accessible and they report that PWD are being separated from their families and carers against their will.

These reports are echoed in Pentecost and Maewo. The lack of services, knowledge and resources on the two remote islands to meet the needs of PWD is of concern. The increase burden on the host community to accommodate the specific needs of PWD puts PWD at risk of neglect and abuse. The host communities need additional support to meet the needs of PWD from Ambae.

⁷ UN Women representative that spoke at the GP cluster meeting 4.10.17

⁸ Vanuatu Family Safety Study Report (2011) found that 60% of women between 15 and 49 years of age experienced physical or sexual violence during their lifetime, 44% had experienced sexual violence, 30% experienced childhood sexual abuse, 24% of ever-partnered women have been injured due to intimate partner violence, and 11% have been injured in the previous 12 months to the study. These numbers rise substantially in a post disaster situations such as mass evacuations

⁹ Stated by the MoJCS at the GP cluster meeting 4.10.17

¹⁰ NDMO situation Report no.2, 2.10.17

Currently, there is no data on the amount of PWD that were evacuated from Ambae, where they have been evacuated to, and whether their needs are being met. The latest mini census conducted in 2016 did not collect data PWD. No data means it is difficult for GP partners to ensure that the needs of PWD are being met and that the evacuation centres and the host families are being support to need these specific needs.

4. General safety, protection and dignity of displaced and host communities

Luganville's population has increased by 33% in matter of days¹¹, thus the shelter cluster reported that the evacuation centres in Santo are currently overcrowded and people are sleeping outside. In addition, from photos that were displayed at the shelter cluster meeting on Wednesday the 4th the people in evacuations centres do have any privacy. In addition, there have been multiple reports of the urgent need for hygiene facilities, in particular menstruation hygiene management kits (MHM), babies/children's nappies and bathing facilities.

WanSmol Bag is hosting people in their youth centre in North Pentecost and they have put out an urgent request¹² for nappies, menstrual pads, hygiene kits, washing brushes for showering, and large dishes to wash babies in. As well as, kitchen supplies and waste management facilities e.g. rubbish bags.

There is very limited oversight and no monitoring of the situation of the host communities in Pentecost and Maewo, thus, the burden on the host communities is unknown. Due to this unknown and the strain on resources the risk of tense and conflict between the host communities and the evacuees is an ever-increasing risk. Additionally, there is currently no police or security services in Pentecost and Maewo available to address this risk.

5. Overloaded or lack of health services particularly Sexual and Reproductive Health (SRH) and Maternal and Child Health (MCH)

There are an unknown number of pregnant and lactating women, and newborn babies that need urgent medical care and support. The many reports of trauma, as outlined above, are affecting the health of the affected population. The evacuees are going multiple days without bathing due to trauma and anxiety. Neglected and unaccompanied children are at a high risk of malnutrition and health conditions, as they may not be receiving enough food and water

There is a lack of health services and resources on Maewo and Pentecost that are unable to response to the SRH and MCH needs of the 3,700 evacuees.

In addition to the lack services, UN Women noted that women in the evacuation centres are experiencing increasingly levels of stress, anxiety and trauma, due to the evacuations are report being unable to complete daily tasks such as bathing.

¹¹ above a 33% influx on the population in Luganville Santo- taken from Further Arts report on the current situation on the ground

¹² Full request includes: 4 slippers blo 4 olfala, 2 single mattresses, Blanket & pelow blo 2 olfala from 2falla I silip lo matt nomo, Nappy blo 6 babies, Cups, Plates, Spoons, 4 smol Knives, 1 Big Knife mo 1 akiss blo katem fire wood, tables salt, cooking oil, Brash blo wash, Bean Cloth, Stayfree blo ol Mama, Plastique blo Toty, Oil blo Hair mo Kom blo hair , Mosquito Oil, Bonux, Soap blo wash, Soap blo swim, Brass tooth mo colgate, 1 Double Mattress blo one Couple we oli gat baby, 4 pair socks blo 4 olfala, 4 towels blo 4 olfala, Tea towels , 6 Dish blo ol Babies ia bai oli swim inside lo hem, Basket blo toty cloths, Bakets, Dish blo wash, some trays & smol dish blo putum kaikai lo hem

Recommendations:

To address the arising gender and protection issues noted above, the Gender & Protection Cluster urgently need funding in order to resource the following recommendations

1. Gender Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) prevention

- 1.1 GP cluster to conduct trainings with stakeholders (including VMF, Police, local leaders, humanitarian responders) on Code of Conduct, GBV, and prevention of SEA. Training to include sessions on managing disclosures and referral pathways.
- 1.2 GP cluster urgently needs to conduct protection monitoring and mobilise the local service providers (particularly Vanuatu Women's Centre) to assist GBV survivors
- 1.3 Additional service support to be mobilised on Pentecost and Maewo.

2. Child Protection

- 2.1 GP cluster partners to conduct child mapping to identify and report unaccompanied minors
- 2.2 Establishment of Child Friendly Spaces (CFS) and the mobilisation and training of youth to manage the CFS

3. People with Disabilities (PWD)

- 3.1 A needs assessment that will consult with PWD to identify and communicate their urgent needs
- 3.2 Training for responders to ensure they understand how to consult with and respond to
- 3.3 Build temporary ramps for evacuation centres and ensure that WASH facilities are disability accessible.
- 3.4 Disabled Peoples Organisation (DPOs) to be mobilised to Maewo and Pentecost to support any communities hosting PWD and to ensure that the PWD needs are being met
- 3.5 Urgent need for a physiotherapist to attend to the PWD in the evacuation centres to fashion new assistive devices for PWD increase the independence of the PWD and decrease the burden on the carer, families and/or host communities.

4. General safety, protection and dignity of displaced and host communities

- 4.1 Distribution of Safety and Dignity kits (lava lava, solar lights, underwear, nappies, Menstruation Hygiene Management) to displaced persons and host communities.
- 4.2 To ensure that that all clusters and EOC members on the ground in Santo are responding to and considering Gender and protection issue there must be a gender and protection representative on in the PEOC.
- 4.3 A rapid vulnerability analysis is important to identify gender and protection issues that need to be addressed within shelter planning, including immediate temporary arrangements, as well as longer term resettlement.

5. Health Services

- 5.1 Psychosocial support to be provided to displaced populations
- 5.2 SRH awareness and services to be provided

